



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

October 9, 2014

Kersten McDonald, Administrator
Luther Park at Sandpoint
510 South Olive Avenue
Sandpoint, Idaho 83864

Provider ID: RC-953

Ms. McDonald:

On August 21, 2014, a state licensure/follow-up survey was conducted at Luther Park at Sandpoint, LLC. 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN

KAREN ANDERSON, RN
Team Leader
Health Facility Surveyor

KA/sc

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



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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

August 28, 2014

CERTIFIED MAIL #: 7007 3020 0001 4050 8531

Kersten McDonald, Administrator
Luther Park at Sandpoint
510 South Olive Avenue
Sandpoint, Idaho 83864

Ms. McDonald:

On August 21, 2014, a state licensure/follow-up survey was conducted by Department staff at Luther Park at Sandpoint, LLC. The facility was cited with a core issue deficiency for admitting and retaining a resident that required a mechanically supported breathing system (BiPAP) and ongoing skilled nursing care.

This core issue deficiency substantially limits the capacity of Luther Park at Sandpoint, LLC to provide for residents' basic health and safety needs. The deficiency is described on the enclosed Statement of Deficiencies.

PLAN OF CORRECTION:

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?

An acceptable, **signed** and **dated** Plan of Correction must be submitted to the Division of Licensing and Certification within **ten (10) calendar days of your receipt of the Statement of Deficiencies**. You are encouraged to immediately develop and submit this plan so any adjustments or corrections to the plan can be completed prior to the deadline.

EVIDENCE OF RESOLUTION:

Non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

910. Non-core Issues Deficiency.

01. Evidence of Resolution. *Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.*

The nine (9) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by September 19, 2014

CIVIL MONETARY PENALTIES

Of the nine (9) non-core issue deficiencies identified on the punch list, three (3) were repeat punches. One (1) of the repeat deficiencies, 305.02, was cited on each of the three (3) previous surveys, 6/4/2009, 8/11/2009 and 11/30/2011.

305.02 Current Medication Orders. Assure the residents' medication orders are current by verifying that the medication listed on the medication distribution container, including over-the-counter-medications as appropriate, are consistent with physician or authorized provider orders. A copy of the actual written, signed and dated orders must be present in each resident's care record.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for this violation:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. *Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.*

02. Assessment Amount for Civil Monetary Penalty. *When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.*

b. Repeat deficiency is ten dollars (\$10). (Initial deficiency is eight dollars (\$8).

For the dates of 5/23/2014 through 8/21/2014:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	93	90	\$ 83,700

Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	\$1,440	\$2,880
5-50 Beds	\$3,200	\$6,400
51-100 Beds	\$5,400	\$10,800
101-150 Beds	\$8,800	\$17,600
151 or More Beds	\$14,600	\$29,200

Your facility had 93 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$10,800.

Send payment of \$10,800 by check or money order, made payable to:

Licensing and Certification

Mail your payment to:

**Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license.

ADMINISTRATIVE REVIEW

You may contest the provisional license, requirement for a consultant or civil monetary penalty by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received no later than twenty-eight (28) days after this notice was mailed. Any such request should be addressed to:

**Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036**

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the time period, this decision shall become final.

INFORMAL DISPUTE RESOLUTION

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.

FOLLOW-UP SURVEY

An on-site, follow-up survey will be scheduled after the administrator submits a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey, the core issue deficiency still exists, a new core issue deficiency is identified or the non-core deficiencies have not been corrected, the Department may take enforcement action against the license held by Luther Park at Sandpoint, LLC. Those enforcement actions will include one or more of the following:

- Provisional License
- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Limit or Ban on Admissions
- Additional Civil Monetary Penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

JS/sc

Enclosure

cc: Medicaid Notification Group

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2014
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NAME OF PROVIDER OR SUPPLIER LUTHER PARK AT SANDPOINT	STREET ADDRESS, CITY, STATE, ZIP CODE 510 S OLIVE AVENUE SANDPOINT, ID 83864
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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	Initial Comments The following deficiency was cited during the licensure and follow-up survey conducted between August 19, 2014 and August 21, 2014 at your residential care/assisted living facility. The surveyors conducting the survey were: Karen Anderson, RN Team Coordinator Health Facility Surveyor Donna Henscheid, LSW Health Facility Surveyor Rae Jean McPhillips, RN, BSN Health Facility Surveyor	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 admitted and retained 1 of 1 sampled residents (Resident #1) who required a mechanically supported breathing system (BiPAP) and ongoing skilled nursing. IDAPA 16.03.22.152.05.a documents, "No resident will be admitted or retained who requires ongoing skilled nursing...Such residents include: v. A resident who is on a mechanically supported	R 008		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/19/14

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2014
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NAME OF PROVIDER OR SUPPLIER LUTHER PARK AT SANDPOINT	STREET ADDRESS, CITY, STATE, ZIP CODE 510 S OLIVE AVENUE SANDPOINT, ID 83864
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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 008	<p>Continued From page 1</p> <p>breathing system, except for residents who use CPAP, (continuous positive airway pressure)"</p> <p>Resident #1's record documented she was admitted to the facility on 7/28/14 with a diagnosis of amyotrophic lateral sclerosis (ALS).</p> <p>*According to the "National Institute of Neurological Disorders and Strokes" website, (www.ninds.nih.gov/disorders/amyotrophiclateral_sclerosis/detail_ALS.htm?css) ALS is a rapidly progressing, invariable fatal neurological disease that attacks nerve cells. The website documents that when the muscles in the chest wall and diaphragm fail, the person will lose the ability to breath without ventilatory support.</p> <p>On 8/19/14 at approximately 8:50 AM, Resident #1 was observed lying in her bed with an operating BiPAP machine, which was attached to a face mask. The face mask was loosely taped to the resident's face to ensure placement and to possibly decrease potential oxygen leakage.</p> <p>A hospital history and physical report, dated 7/26/14, documented Resident #1 had moderate obstructive sleep apnea with compromised respiratory muscles. The report documented the resident used a "home AVAPS" machine with 4 liters of oxygen at night.</p> <p>*The "National Center for Biotechnology Information" website, www.ncbi.nlm.nih.gov/pubmed/23497021, documented that AVAPS is a feature on BiPAP machine, a noninvasive mechanical ventilation support system.</p> <p>An undated, unsigned, "Initial Assessment,"</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 2</p> <p>documented Resident #1 used a CPAP. However, the "C" was written over with "Bi" and the initials "jf" written under it.</p> <p>On 8/20/14 at 3:31 PM, the administrator/RN confirmed she had completed the initial assessment form but did not document the resident used a BiPAP. However, she stated she thought BiPAP machines were allowed in assisted living facilities.</p> <p>An "Interim/Admit Care Plan and Negotiated Service Agreement," (NSA) signed by the administrator/RN and dated 7/21/14, documented Resident #1 used a CPAP. The "C" was written over with "Bi" and the initials "jf" written under it.</p> <p>A fax from the facility to Resident #1's physician, dated 8/5/14, documented the resident's oxygen saturation was 86% on room air, but improved to the low 90's "when on BiPAP." The fax also documented the resident "...was in significant distress, getting new mask to improve comfort."</p> <p>A fax, dated 8/7/14, from the facility LPN to Resident #1's physician requested directions/orders for the BiPAP machine and oxygen. The physician faxed the facility back, on 8/8/14, documenting the BiPAP was to be used continuously with 4 liters of oxygen.</p> <p>On 8/20/14 at 3:31 PM, the facility administrator/RN stated when Resident #1 was first admitted to the facility she used the BiPAP at night, but now required it continuously.</p> <p>The facility admitted and retained a resident who required a mechanically supported breathing system (BiPAP) and ongoing skilled nursing. This</p>	R 008	<p>Corrective Action: A family care conference was held with hospice in attendance on 8/25/14. Decisions were made to put emergency/comfort medications in place and remove bipap with hospice support and focus on comfort and dignity. All present were educated that unlicensed staff would not be able to administer comfort meds to resident, and a licensed nurse would need to be available 24 hours per day to administer medication. Jackie F, LPN, was tasked with coordinating RN staff at Luther Park and RN staff from Bonner Community Hospice to schedule nurses to be available for med administration until the time of the resident's passing. Resident chose to let nature take it's course and desist with bi pap intervention, as she had her affairs in order at this time. She was able to communicate via her ipad and acknowledged understanding that the consequences of removing the bipap would be life ending. Hospice obtained orders from primary care physician for comfort meds and on the morning of 08/26/14 resident removed her bipap. She was able to communicate with hospice and Luther Park staff via her ipad and gestures. She passed away at approximately 5pm on 8/26/14 with family and Luther Park nurse at her side.</p> <p>Corrective action as it applies to other residents: Current and future residents using a mechanically supported breathing system other than a C Pap machine will not be retained. Audited current residents 08/22/14 to assure that this deficient practice is not occurring. At this time we do not have any residents using mechanically supported breathing devices other than CPAP.</p>	
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Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R953	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2014
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R 008	Continued From page 3 resulted in inadequate care.	R 008	Systemic changes to prevent reoccurrence and monitoring: Facility staff was educated on the regulation related to mechanically supported breathing systems. Date education was provided 9/08/14. Administrator will review initial assessments to ensure residents are not on mechanically supported breathing systems other than a CPAP. Nursing staff will report to administrator immediately any changes in MD orders referring to prescribing mechanically supported breathing systems. Person responsible: Administrator Date of completion: 09/08/14	



Facility LUTHER PARK AT SANDPOINT, LLC	License # RC-953	Physical Address 510 S. OLIVE AVENUE	Phone Number (208) 265-3557
Administrator Kersten McDonald	City SANDPOINT	ZIP Code 83864	Survey Date August 20, 2014
Survey Team Leader Karen Anderson	Survey Type Licensure and Follow-up	RESPONSE DUE: September 19, 2014	
Administrator Signature <i>K. McDonald RN</i>	Date Signed 8/21/14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	The facility did not have documented evidence of state only background checks for 3 of 11 employees.	9/19/14	KA
2	215.13	The facility did not notify Licensing and Certification within 3 days of a change of administrator.	9/19/14	KA
3	260.06	The facility's exterior and interior was not maintained in a clean manner. For example: The carpeting in the memory unit (residents' rooms, hallways and common areas) and the assisted living dining room were soiled. Urine odors were noted in various rooms and in common areas in the unit. Also in the unit, toilet paper holders were missing or broken in several rooms, interior windows were dirty and walls and trim molding were in need of repair. The weeds were not controlled in the flower beds and yard. *Previously cited on 11/30/11*	9/19/14	KA
4	300.02	The facility nurse did not ensure Resident #5's pulse was taken prior to taking a specific medication.	9/19/14	KA
5	305.02	The facility did not ensure medication orders were current. For example: Resident #2 received a medication after it was discontinued. Resident #3 and #5's orders were not clarified to ensure the correct doses were given. Resident #8 did not have medications available as ordered. *Previously cited on 6/4/09, 8/11/09 & 11/30/11*	9/19/14	KA
6	305.03	The nurse did not document an assessment of the status of Resident # 4, 5, 6, 7 & 10's wounds.	9/19/14	KA
7	320.01	NSAs did not describe services to be provided to include: Resident #1's assistance with eating, mobility, toileting and bathing. Resident #3's non-weight bearing status, use of a Hoyer lift and hospice services. Resident #6's assistance with eating and her mobility needs.	9/19/14	KA
8	350.04	The administrator did not respond to complaints in writing. *Previously cited on 11/30/11*	9/19/14	KA
9	330.02	The facility did not retain resident care notes that were documented by caregivers.	9/19/14	KA
10				
11				
12				
13				
14				



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>Luther Park</u>		Operator <u>Kersten McDonald</u>	
Address <u>510 Olive Ave. Sandpoint</u>			
County <u>Bonner</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>0</u>	# of Retail Practice Violations <u>1</u>
# of Repeat Violations	# of Repeat Violations
Score <u>0</u>	Score <u>1</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 (N/A)	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 N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	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 N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<u>Y</u> N N/A	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 (N/A)	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>hamburger / grill</u>	<u>170°</u>						
<u>meatballs / fridge</u>	<u>37°</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/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 checked="" 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>Kersten McDonald</u> (Print)	Title	Date <u>8/21/14</u>	Follow-up: (Circle One) Yes No
Inspector (Signature) <u>Donna Newkirk</u> (Print)	Date <u>8/21/14</u>		



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

Page 2 of 2
Date 8/21/14

Establishment Name <i>Luther Park</i>	Operator <i>Kersten McDonald</i>
Address <i>510 Olive Ave, Sandpoint</i>	
County Estab # EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#49.1) Ceilings tiles were missing above foods in the pantry.
2) There was not a 1" air gap in the dishwasher drain.

Evidence of Correction
Due by August 31, 2014 - KA
8/29/14

Person in Charge <i>Kersten McDonald</i>	Date <i>8/21/14</i>	Inspector <i>Donna Harscheid</i>	Date <i>8/21/14</i>
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