



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 17, 2014

Caroline Young, Administrator
Gables of Shelley Assisted Living
530 River Pointe Lane
Shelley, Idaho 83274

Provider ID: RC-1063

Ms. Young:

On September 23, 2014, an initial state licensure survey was conducted at Gables of Shelley 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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



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P.O. Box 83720
Boise, Idaho 83720-0009
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September 30, 2014

Caroline Young, Administrator
Gables of Shelley Assisted Living
530 River Pointe Lane
Shelley, Idaho 83274

Provider ID: RC-1063

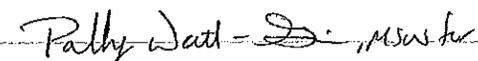
Ms. Young:

An initial state licensure survey was conducted at Gables of Shelley Assisted Living between September 22, 2014 and September 23, 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 **September 23, 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,


MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1063	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/23/2014
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NAME OF PROVIDER OR SUPPLIER GABLES OF SHELLEY ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 530 RIVER POINTE LANE SHELLEY, ID 83274
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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 initial licensure survey conducted on 9/22/14 through 9/23/14 at your facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathly, LSW 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 GABLES OF SHELLEY ASSISTED LIVING	License # RC-933	Physical Address 530 RIVER POINTE LANE	Phone Number (208) 357-3110
Administrator Caroline Young	City SHELLEY	ZIP Code 83274	Survey Date September 23, 2014
Survey Team Leader Maureen McCann	Survey Type Initial Licensure	RESPONSE DUE: October 23, 2014	
Administrator Signature <i>Caroline Young</i>	Date Signed 9.23.14		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	1 of 5 staff did not have the required State Police background check completed.	10/16/14	me
2	159.01	The facility's electronic substance control tracking was not accurate.	10/16/14	me
3	625.03.L	One of 5 staff did not have infectious control training.	10/16/14	me
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HEALTH & WELFARE Food Establishment Inspection Report

Date 9/23/14 Page 1 of 2

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>Shelley's of Shelley</u>		Operator <u>Caroline Young</u>	
Address <u>3232 W. Elder Street</u>		City/State/Zip <u>Boise, ID 83705</u>	
County <u>Blaine</u>	Estab # <u>1000000000</u>	EHS/SUR.#	Inspection time: <u>11:00 AM</u>
Inspection Type: <u>High</u>		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 <u>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>100</u>	Score <u>100</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.

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
<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"/>
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<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"/>
<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"/>
<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> 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"/>
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<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"/>
<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
<u>Beef</u>	<u>435</u>	<u>hamburgers</u>	<u>171+</u>
<u>ground beef</u>	<u>435</u>	<u>rice</u>	<u>186+</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"/>		34. Food contamination	<input type="checkbox"/>	
<input type="checkbox"/>			28. Water source and quantity	<input type="checkbox"/>		35. Equipment for temp. control	<input type="checkbox"/>	
<input type="checkbox"/>			29. Insects/rodents/animals	<input type="checkbox"/>		36. Personal cleanliness	<input type="checkbox"/>	
<input type="checkbox"/>			30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>		37. Food labeled/condition	<input type="checkbox"/>	
<input type="checkbox"/>			31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>		38. Plant food cooking	<input type="checkbox"/>	
<input type="checkbox"/>			32. Sewage and waste water disposal	<input type="checkbox"/>		39. Thawing	<input type="checkbox"/>	
<input type="checkbox"/>			33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>		40. Toilet facilities	<input type="checkbox"/>	
<input type="checkbox"/>						41. Garbage and refuse disposal	<input type="checkbox"/>	
<input type="checkbox"/>						42. Food utensils/in-use	<input type="checkbox"/>	
<input type="checkbox"/>						43. Thermometers/Test strips	<input type="checkbox"/>	
<input type="checkbox"/>						44. Warewashing facility	<input type="checkbox"/>	
<input type="checkbox"/>						45. Wiping cloths	<input type="checkbox"/>	
<input type="checkbox"/>						46. Utensil & single-service storage	<input type="checkbox"/>	
<input type="checkbox"/>						47. Physical facilities	<input type="checkbox"/>	
<input type="checkbox"/>						48. Specialized processing methods	<input type="checkbox"/>	
<input type="checkbox"/>						49. Other	<input type="checkbox"/>	

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <u>Caroline Young</u>	(Print) <u>Caroline Young</u>	Title <u>Admin</u>	Date <u>9/23/14</u>
Inspector (Signature) <u>A. J. [unclear]</u>	(Print) <u>A. J. [unclear]</u>	Date <u>9/23/14</u>	Follow-up: (Circle One) <u>Yes</u>



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

Page 2 of 2
Date 9/23/14

Establishment Name <i>Tables of Shelley</i>	Operator <i>Caroline Young</i>
Address <i>930 Keweenaw Road, Shelley, ID 83274</i>	License Permit #
County Estab #	EHS/SUR #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#22 The priority cooked / served undercooked eggs at times. But did not have a consumer advisory posted for residents to view.
COS: Advising hung in kitchen / dining area on 9/23/14

#19 A refrigerator in the kitchen (1 of 2) - food was temping above 41 degrees even after the admin-istrators turned the temperature control dial to the lowest setting. (Milk temped at 43.5, and re-temped 3 hours later at 46.6. Fruit cocktail temped at 43.5, and re-temped 3 hours later at 43.6)

Evidence of resolution for the above item (#19) is due by
 Oct 3, 2014

Person in Charge <i>Caroline Young</i>	Date <i>9/23/14</i>	Inspector <i>Mark McLean</i>	Date <i>9/23/14</i>
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