



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

October 28, 2013

Tina Hamilton, Administrator
Peak Village
PO Box 1722
Idaho Falls, ID 83403

License #: RC-1051

Dear Ms. Hamilton:

On September 25, 2013, a complaint investigation and initial licensure survey was conducted at Peak Village. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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

DH/tp

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



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October 7, 2013

Tina Hamilton, Administrator
Peak Village
PO Box 1722
Ammon, ID 83406

Dear Ms. Hamilton:

A complaint investigation and initial licensure survey was conducted at Peak Village between September 23 and September 25, 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 **September 25, 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, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/ftp

Bureau of Facility Standards

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1051 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/25/2013 |
|--|---|---|--|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER PEAK VILLAGE | STREET ADDRESS, CITY, STATE, ZIP CODE 1035 CURLEW DRIVE AMMON, ID 83406 |
|--|---|

| (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 core deficiencies were cited during the initial licensure and complaint survey conducted September 23, 2013 through September 25, 2013 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p> | R 000 | | |
|-------|---|-------|--|--|

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



| | | | |
|---|--|--|--------------------------------|
| Facility PEAK VILLAGE | License # RC-963 | Physical Address 983, 1009, 1035, + 1061 CURLEW DRIVE | Phone Number (208) 522-4711 |
| Administrator Tina Anderson | City AMMON | ZIP Code 83406 | Survey Date 9/25/13 |
| Survey Team Leader Donna Henscheid | Survey Type Initial Licensure and Complaint Investigation | RESPONSE DUE: January 30, 1900- | |
| Administrator Signature <i>Tina Hamilton</i> | Date Signed 9/25/13 | 10/25/13 | |

NON-CORE ISSUES

| Item # | IDAPA Rule # | Description | Department Use Only | |
|--------|--------------|---|---------------------|----------|
| | | | EOR Accepted | Initials |
| 1 | 009.01 | 2 of 7 employee records did not contain evidence of criminal history and background checks. | 10/21/13 | DH |
| 2 | 009.06.c | 5 of 7 employee records did not contain evidence of background checks through the Idaho State Police. | 10/21/13 | DH |
| 3 | 305.02 | The facility RN did not ensure that Resident #1's insulin was given as ordered. For example the order was to give the insulin during meals times but it was given 3 hours after the meal. | 10/21/13 | DH |
| 4 | 305.08 | The facility RN did not document that education was provided to staff regarding Resident #3's wound vac and Resident #9's supra-pubic catheter. Additionally, there was no evidence the nurse provided education regarding residents' low blood glucose levels. | 10/21/13 | DH |
| 5 | 451.03.a & b | The facility did not provide an appropriate renal diet to Resident #3. | 10/21/13 | DH |
| 6 | 630.01 | 4 of 7 employee records did not contain evidence of dementia training. | 10/21/13 | DH |
| 7 | 630.02 | 4 of 7 employee records did not contain evidence of mental illness training. | 10/21/13 | DH |
| 8 | 630.03 | 4 of 7 employee records did not contain evidence of developmental disability training. | 10/21/13 | DH |
| 9 | 630.04 | 7 of 7 employee records did not contain evidence traumatic brain injury training. | 10/21/13 | DH |
| 10 | | | | |
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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>Peak Village</u> | | Operator <u>Tina Hamilton</u> | |
| Address <u>1035 Curlew Dr. Idaho Falls</u> | | | |
| County <u>Bonneville</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: _____ | |

| | |
|--|---|
| # of Risk Factor Violations <u>3</u> | # of Retail Practice Violations <u>0</u> |
| # of Repeat Violations <u>0</u> | # of Repeat Violations <u>0</u> |
| Score <u>3</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. |

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 | 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> <u>N</u> | 5. Clean hands, properly washed (2-301) | <input checked="" 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> <u>N</u> 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> <u>N</u> N/A | 22. Consumer advisory for raw or undercooked food (3-603) | <input checked="" 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>Salsbury steak</u> | <u>46°</u> | <u>Beef/rice soup</u> | <u>75°</u> | <u>Lunch meat</u> | <u>35°</u> | | |
| <u>in fridge</u> | | <u>in fridge</u> | | <u>in fridge</u> | | | |

GOOD RETAIL PRACTICES (input checked box = 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/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) <u>Tina Hamilton</u> (Print) <u>Tina Hamilton</u> Title <u>Admin.</u> Date <u>9/25/13</u> | Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Inspector (Signature) <u>Donna Henschel</u> (Print) <u>Donna Henschel</u> Date <u>9/25/13</u> | |



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

Page 2 of 2
Date 9/25/13

| | |
|--|----------------------------------|
| Establishment Name <i>Pearl Village</i> | Operator <i>Tina Hamilton</i> |
| Address <i>1035 Curlew</i> | |
| County Estab # EHS/SUR.# | License Permit # |

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#5. Staff were not observed washing their hands after removing gloves. COS - staff provided instruction on proper glove use and hand washing.

#17. Food prepared by the night shift was tempered above 41° and it was uncertain what time the cooling process began.

#22. The facility serves eggs to order but did not advise residents of the risk of eating undercooked eggs. COS - A food advisory was posted in their building.

#17 requires resolution by 10/5/13. Send evidence of training to L+C by this date.
Completed:

| | | | |
|--|------------------------|---------------------------------|------------------------|
| Person in Charge <i>Tina Hamilton</i> | Date <i>9/25/13</i> | Inspector <i>Anna Howard</i> | Date <i>9/25/13</i> |
|--|------------------------|---------------------------------|------------------------|



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October 7, 2013

Tina Hamilton, Administrator
Peak Village
PO Box 1722
Idaho Falls, ID 83403

Dear Ms. Hamilton:

An unannounced, on-site complaint investigation survey was conducted at Peak Village between September 23 and September 25, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006100

Allegation #1: The facility did not provide Activities of Daily Living (ADL) assistance to residents which resulted in skin breakdown.

Findings #1: Insufficient evidence was available at the time of the investigation and in records reviewed to substantiate this allegation.

Unsubstantiated.

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,

Donna Henscheid, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

DH/ftp

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