



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 12, 2013

Virginia Thornley, Administrator
Annabelle House
917 East Ustick Road
Caldwell, ID 83605

License #: Rc-1058

Dear Ms. Thornley:

On October 4, 2013, a Complaint Investigation and Initial Licensure survey were conducted at Annabelle House. 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 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,


Rachel Corey, RN
Team Leader
Health Facility Surveyor

rc/rc

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



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October 23, 2013

Virginia Thornley, Administrator
Annabelle House
917 East Ustick Road
Caldwell, ID 83605

Dear Ms. Thornley:

An initial licensure and complaint investigation survey was conducted at Annabelle House between October 3 and October 4, 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 the facility during the exit conference, on **October 4, 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,

Rachel Corey, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/TFP

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2013
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NAME OF PROVIDER OR SUPPLIER ANNABELLE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 917 EAST USTICK ROAD CALDWELL, ID 83605
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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 and complaint investigation survey conducted on 10/3/2013 through 10/04/2013 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW 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



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October 23, 2013

Virginia Thornley, Administrator
Annabelle House
917 East Ustick Road
Caldwell, ID 83605

Dear Ms. Thornley:

An unannounced, on-site complaint investigation survey was conducted at Annabelle House between October 3 and October 4, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006047

Allegation #1: The facility failed to intervene when residents were in need of medical care.

Findings #1: Observations, interviews and record reviews were conducted on 10/3 and 10/4/13. A change of ownership had taken place on 7/11/13; therefore, the facility practices from the change of ownership to the survey date were evaluated.

During the survey, nine residents stated the facility ensured they received medical treatment when they were ill. They further stated, the facility nurse and staff monitored them frequently for changes of condition. Three family members interviewed stated the facility nurse evaluated their loved ones for changes of condition and coordinated with their physicians when required.

Four staff members were interviewed individually and in private. They all stated they notified the facility nurse of changes of condition and she would evaluate the residents upon notification. One caregiver stated sometimes, in an emergency, she was unable to get a hold of the facility nurse by telephone, but she always could get a hold of the regional nurse. All caregivers stated the facility nurse was frequently at the facility and readily available to assess residents.

On 10/3/13 at 8:35 AM, the ombudsman stated he had not received complaints from residents regarding not receiving the necessary medical care.

On 10/3/13 at 1:51 PM, the facility nurse stated staff members notified her of changes of condition by telephone or, for less urgent matters, by a communication log. She stated she would assess residents for changes of condition, then notify the physician when necessary. She further stated, staff were instructed on when to call emergency services and guidelines were posted on the medication cart and throughout the facility to remind them. She stated she was unaware of a time when staff had not reported significant changes of condition to her.

On 10/3/13, incident reports were reviewed and documented appropriate medical care was provided.

On 10/3/13, a nurse communication log was reviewed and contained changes of condition reported to the nurse. The communication log contained the nurses initials, indicating she reviewed the information.

Four sampled residents' records were reviewed. Nursing notes documented an assessment was conducted when there was a change of condition. Various changes of condition were evaluated, such as diarrhea, cold symptoms, constipation, urinary tract symptoms, and general malaise. Faxes to the physician were evident when the facility nurse identified concerns, or there was documentation indicating the resident was seen by the physician. Additionally, temporary care plans were observed in residents' records; the care plans documented interventions staff were to implement when there were changes in residents' care needs or when caregivers needed to be alerted of signs and symptoms to observe for.

On 10/3/13 at 10:50 AM, the facility nurse was observed assessing a resident for a change of condition. She was then observed speaking with the caregivers to inform them of what symptoms to observe for.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility failed to respond to complaintants in writing.

Findings #2: On 10/3/13, nine residents were interviewed. Most of the residents stated they had not expressed any complaints or concerns to the administrator. The residents who had expressed complaints to the administrator, recalled receiving a written response. Three family members were interviewed. Two family members stated they had not ever had any complaints. One family member stated he/she had expressed a complaint and received a written response.

On 10/3/13, a complaint log was reviewed. It contained the date complaints were taken, the investigation and a copy of the written response provided to the complainant.

Virginia Thornley
October 23, 2013
Page 3 of 3

At the time of the survey, the facility was without a licensed administrator. At 1:55 PM, the facility nurse stated she would be taking complaints and turning the information over to regional staff when appropriate.

Unsubstantiated, however the facility was issued a deficiency at IDAPA 16.03.22.215 for not having a licensed administrator available to handle day to day operations of the facility.

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 **October 4, 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.

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



Rachel Corey, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/tp

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



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

# of Risk Factor Violations	<u>1</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>1</u>	Score	<u>1</u>
A score greater than 3 Med or 3 High-risk mandatory on-site reinspection		A score greater than 6 Med or 8 High-risk mandatory on-site reinspection	

Establishment Name <u>Annabelle House</u>		Operator	
Address <u>917 E Ustick Rd</u>			
County <u>Canyon</u>	Estab #	EHS/SUR.#	Inspection time: Travel time:
Inspection Type: <u>Initial + Complaint</u>	Risk Category:	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.			

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 / re-service 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 checked="" 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"/>
	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
<u>Roast pork / fridge</u>	<u>41.5°</u>	<u>Hot holding / top</u>	<u>185°</u>				
<u>Hot holding / P</u>	<u>160.1°</u>	<u>Hot holding / stove</u>	<u>177°</u>				

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 checked="" type="checkbox"/> 43. Thermometers/Test strips	<input checked="" 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) <u>Shirleen Surge</u> (Print) <u>Shirleen Surge</u> , Title <u>RDC</u> Date <u>10/4/13</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>Tally</u> (Print) <u>Tally</u> , Date <u>10/4/13</u>	



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

Page 2 of 2
Date 10/9/13

Establishment Name <u>Marabelle House</u>	Operator	
Address <u>977 E. Usbeck Rd</u>		
County Estab # <u>Canyon</u>	BHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#16. 2 metal cans near the scanner on the scanner were observed in the nearby. COS:
The cans were removed and will be sent back to distributor ^{with} ~~with~~ for a credit.

#17. Test strips (general purpose) were not available in the kitchen to test the
sanitizer bucket on the dishwashing machine. COS: Facility ordered test strips
from suppliers to have available to ~~the~~ level of good ammonia base used.

Person In Charge <u>Sharon Dwyer</u>	Date <u>10-4-13</u>	Inspector <u>Patty J. Dwyer</u>	Date <u>10/4/13</u>
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