



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

December 15, 2014

Michelle Nisen, Administrator
Edgewood Spring Creek Boise
10681 West McMillan Road
Boise, Idaho 83713

Provider ID: RC-1006

Ms. Nisen:

On November 7, 2014, a state licensure/follow-up survey and complaint investigation were conducted at Edgewood Spring Creek Boise LLC. 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

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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November 19, 2014

Michelle Nisen, Administrator
Edgewood Spring Creek Boise
10681 West McMillan Road
Boise, Idaho 83713

Ms. Nisen:

Congratulations to both you and your staff on your recent state licensure/follow up survey and complaint investigation that were conducted at Edgewood Spring Creek Boise on 11/07/2014. No core deficiencies were found and you had three or fewer non-core deficiencies cited during your survey, which qualifies you for a *Silver Excellence in Care Award*.

This award demonstrates that you have worked exceptionally hard to meet the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing excellent care and ensuring the residents you serve live in a clean, safe and home-like community.

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 **November 7, 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.

Again, congratulations to you and your staff for a job well done.

Sincerely,

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

JS/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R1006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/07/2014
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NAME OF PROVIDER OR SUPPLIER EDGEWOOD SPRING CREEK BOISE	STREET ADDRESS, CITY, STATE, ZIP CODE 10681 WEST MCMILLAN ROAD BOISE, ID 83713
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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	<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, follow-up survey and complaint investigation conducted on 11/5/2014 through 11/7/2014 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		

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



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>Edgewood Spring Creek Boise</u>		Operator <u>Michelle Nixon</u>	
Address <u>10681 W. McMillan Rd</u>		City <u>Boise 83713</u>	
County <u>Ada</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 _____
# of Repeat Violations <u>0</u>	# of Repeat Violations _____
Score <u>100</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.

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"/>
Employee Health (2-201)			
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
(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"/>
Control of Hands as a Vehicle of Contamination			
(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 type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
(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"/>
Protection from Contamination			
(Y) N (N/A)	11. Food segregated, separated and protected (3-302)	<input 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"/>
Consumer Advisory			
(Y) N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
(Y) N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
(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"/>
Conformance with Approved Procedures			
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/A = not applicable
 R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Sour Cream / fridge	40	hamburger steak / oven	205				
Carrots / stove	188	potatoes / oven	189				

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 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>Michelle Nixon</u>	Title <u>ED</u>	Date <u>11/7/14</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Gloria Keith</u>	Date <u>11/7/14</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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November 19, 2014

Michelle Nisen, Administrator
Edgewood Spring Creek Boise
10681 West McMillan Road
Boise, Idaho 83713

Provider ID: RC-1006

Ms. Nisen:

An unannounced, on-site complaint investigation survey was conducted at Edgewood Spring Creek Boise LLC between November 5, 2014 and November 7, 2014. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006674

Allegation #1: The facility did not respond to complaints with a written report of findings, when there were complaints that bed alarms, chair alarms and call lights were not being answered in a timely manner.

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

Allegation #2: The facility did not have residents' medications available as ordered.

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

Allegation #3: The facility did not respond appropriately when there was no running water.

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

Michelle Nisen, Administrator

November 19, 2014

Page 2 of 2

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,

A handwritten signature in cursive script that reads "Karen Anderson, RN".

KAREN ANDERSON, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

KA/sc

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