



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

January 24, 2014

Ron Hedelius, Administrator
Pine Brook Assisted Living of Idaho Falls
1140 Science Center Drive
Idaho Falls, Idaho 83402

License #: RC-813

Dear Mr. Hedelius:

On December 11, 2013, a State Licensure survey was conducted at Pine Brook Assisted Living of Idaho Falls. As a result of that survey, deficient practices were found. The deficiencies were cited at the following levels:

- 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



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December 19, 2013

CERTIFIED MAIL #:7007 3020 0001 4050 8258

Ron Hedelius
Pine Brook Assisted Living Of Idaho Falls
1140 Science Center Drive
Idaho Falls, ID 83402

Dear Mr. Hedelius:

Based on the State Licensure survey conducted by Department staff at Pine Brook Assisted Living Of Idaho Falls between December 9, 2013 and December 11, 2013, it has been determined that the facility failed to provide coordination of care with outside agencies, as well as, retained a resident who required skill nursing care, resulting in Inadequate care.

This core issue deficiency substantially limits the capacity of Pine Brook Assisted Living Of Idaho Falls to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **January 25, 2014**. **We urge you to begin correction immediately.**

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?

Return the **signed** and **dated** Plan of Correction to us by **January 1, 2014**, and keep a copy for your records.

Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with IDAPA 16.03.22.003.02, you have available the opportunity to question cited deficiencies 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 Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the Statement of Deficiencies. See the IDR policy and directions on our website at www.assistedliving.dhw.idaho.gov. If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **January 10, 2014**.

Two (2) of the twenty-one (21) non-core deficiencies cited were identified as repeat punches. Please be aware, any non-core deficiency which is identified on three consecutive surveys will result in a civil monetary penalty.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, or if any of the repeat non-core punches are identified as still out of compliance, the Department will have no alternative but to initiate an enforcement action against the license held by Pine Brook Assisted Living Of Idaho Falls.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



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

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Bureau of Facility Standards

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R813 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/11/2013 |
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| NAME OF PROVIDER OR SUPPLIER PINE BROOK ASSISTED LIVING OF IDAHO FAI | STREET ADDRESS, CITY, STATE, ZIP CODE 1140 SCIENCE CENTER DRIVE IDAHO FALLS, ID 83402 |
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| R 000 | <p>Initial Comments</p> <p>The following deficiency was cited during the Licensure and Follow-up survey conducted December 9, 2013 through December 11, 2013 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Leader Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Survey Definitions:</p> <p>dysphagia = difficulty swallowing CVA = cerebral vascular accident Pt = patient R = right RN = Registered Nurse ST = speech therapist NSA = Negotiated Service Agreement</p> | R 000 | | |
| R 008 | <p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to coordinate care for 2 of 4 sampled residents (Residents #1 and #4). The facility did not coordinate care to ensure Resident #4's pressure ulcers were appropriate for assisted living, nor did</p> | R 008 | | |

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| R 008 | <p>Continued From page 1</p> <p>the facility coordinate care to ensure Resident #1's dietary needs were met. The findings include:</p> <p>IDAPA rule 16.03.22.152.05.b states that "No resident will be admitted or retained who requires ongoing skilled nursing care not within the legally licensed authority of the facility. The findings include:</p> <p>x. A resident with any type of pressure ulcer or open wound that is not improving bi-weekly."</p> <p>The findings include:</p> <p>I. COORDINATION OF CARE</p> <p>A. Wounds</p> <p>IDAPA 16.03.22.011.08, states inadequate care is "When a facility fails to provide...coordination of outside services."</p> <p>Resident #4's record documented she was an 85 year-old female, who was admitted to the facility on 8/31/12, with diagnoses including dementia and a history of a CVA. Her record further documented, hospice services were initiated upon admission.</p> <p>The NSA, dated 12/10/12, documented Resident #4 required extensive assistance for dressing, toileting and mobility. The NSA was not updated to include interventions to prevent skin breakdown after she experienced changes in her health condition and became chair bound and bed bound.</p> <p>Hospice Nurse Assessment Notes documented the following:</p> | R 008 | | |
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| R 008 | <p>Continued From page 2</p> <p>*1/3/13, Resident #4 had a "Reddened pressure area to outside R heel, blanchable, skin intact. Told facility to elevate & eliminate pressure area."</p> <p>* 4/24/13, the resident required wound care "three times per week" to cleanse and dress a wound on Resident #4's left heel. The note did not include the stage of the pressure ulcer.</p> <p>* 5/15/13, the resident had wounds. The assessment did not include where the ulcers were observed on her body, the number of pressure ulcers, or the stage of the pressure ulcers.</p> <p>* 6/18/13, resident received skilled nursing care for "pressure ulcers to heels."</p> <p>* 8/13/13, "Pt currently has 3 pressure ulcers, one to left heel, one to right heel, one to ball of right foot." The assessment did not include the stage of the three pressure ulcers to determine the status of the wounds.</p> <p>* 10/2/13, "Patient's wounds are healing slowly. However, the wounds may not fully close due to patients decreasing appetite...."</p> <p>* 10/15/13, "Patient has multiple decubitus ulcers." The assessment did not include where the ulcers were observed on the resident's body, the number or the stage of the pressure ulcers.</p> <p>* 10/21/13, Stage II pressure ulcer on the resident's left heel.</p> <p>* 10/29/13, resident had a "Stage III pressure ulcer to posterior left heel."</p> | R 008 | | |

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| R 008 | <p>Continued From page 3</p> <p>* 11/26/13, resident had "multiple Stage III pressure ulcers."</p> <p>* 12/10/13, resident had "multiple Stage III pressure ulcers." The assessment did not include where the ulcers were observed on her body, the number of pressure ulcers or the current stage of the pressure ulcers.</p> <p>On 12/10/13 through 12/11/13, the facility RN assessments were reviewed. The assessments did not provide documentation that Resident #4 had developed Stage III pressure ulcers to her heels. Further, there was no documentation by the facility RN to indicate she had monitored or coordinated care with the hospice RN regarding Resident #4's pressure ulcers. There was no documentation the facility RN had provided recommendations to the administrator and instructions to the caregivers.</p> <p>On 12/9/13 at 3:30 PM, Resident #4 was observed sleeping in bed, laying flat on her back, with both feet elevated. The resident's hands were observed to be wrapped in a gauze dressing.</p> <p>On 12/10/13 at 9:10 AM, the administrator stated Resident #4 had an air mattress on her bed to prevent pressure ulcers from developing. She further stated, the resident currently did not have any pressure sores. She stated the resident's hands were wrapped with a gauze dressing to prevent moisture and breakdown because her hands were contracted.</p> <p>On 12/10/13 at 12:45 PM, a caregiver stated Resident #4 required assistance for mobility because she was bed and chair bound. She stated the resident currently did not have any</p> | R 008 | | |
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| R 008 | <p>Continued From page 4</p> <p>pressure ulcers. The caregiver stated, the palms of the resident's hands had some skin issues, so the hospice nurse wrapped her hands to prevent further skin breakdown.</p> <p>On 12/10/13 at 3:15 PM, the facility RN stated she had just assessed Resident #4's skin condition at approximately 2:30 PM. The RN stated the resident's heels no longer had pressure ulcers. She further stated, caregivers called her approximately 3 weeks ago to inform her of a wound on the resident's left gluteal fold. The RN stated, she assessed the resident today and she had a Stage II pressure ulcer on her left gluteal fold. The RN stated the pressure ulcer looked better than it did "3 weeks ago." The RN confirmed she had not documented her assessment of the pressure ulcer, nor had she assessed Resident #4's previous pressure ulcers on her heels or the pressure ulcers on her hands.</p> <p>On 12/10/13 at 3:33 PM, the hospice RN stated she was a wound care specialist. She stated she had assessed Resident #4 earlier that day. The hospice RN stated, the resident had a pressure ulcer located on her left gluteal fold that had slough in the wound bed, which classified the ulcer as a Stage III. She stated when she assessed Resident #4's hands three weeks ago, she observed the resident to have a Stage IV pressure ulcer on her left thumb. She said, "If I was seeing it for the first time today, I would assess the pressure ulcer as a Stage III." The hospice RN further stated, Resident #4's heels were completely healed. She stated in September, the resident had a Stage III pressure ulcer on her right heel. The hospice RN stated she had not discussed Resident #4's pressure ulcers with the facility RN, but discussed the status of the resident's pressure ulcers with</p> | R 008 | | |

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| R 008 | <p>Continued From page 5</p> <p>caregivers every time she came to the facility.</p> <p>The facility did not coordinate wound care with hospice to ensure Resident#4's pressure ulcers were appropriate for assisted living. As a result, the facility retained Resident #4 after she developed Stage III and Stage IV pressure ulcers.</p> <p>Coordination of Dietary Needs</p> <p>Resident #1's record documented he was an 87 year-old male, who was admitted to the facility on 12/17/12 with diagnosis of dysphagia, dementia and late effects of a cerebrovascular attack.</p> <p>Resident #1's NSA, dated 12/18/12, documented staff were to "encourage him to eat and cut up food to bite size pieces."</p> <p>Hospital discharge orders, dated 10/28/13, documented Resident #1 was to be on "aspiration precautions" and the resident required pureed solids and nectar thick liquids. The physician also ordered a speech therapy evaluation.</p> <p>A home health plan of care, documented the resident required "pureed solids and nectar thick liquids." The care plan documented that speech therapy was to evaluate the resident. It documented, "Pt will have no episodes of choking or aspiration with adherence to precautions and crushing of medications and a puree diet."</p> <p>The home health RN documented on 11/4/13, that "ST will also write up directions for eating assist on a 3 x 5 card to be placed where [Resident #1's name] sits to eat so staff knows what prompts to give and swallowing precautions."</p> | R 008 | | |
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| R 008 | <p>Continued From page 6</p> <p>The home health RN documented on 11/25/13 that Resident #1 required a pureed diet and "does well, but required someone to sit with him during the entire meal."</p> <p>Resident #1's record did not contain a speech therapist evaluation.</p> <p>On 12/9/13 at 3:55 PM, Resident #1's room was observed. Above his bed, there were two signs posted in bold letters. One sign documented, "Aspiration Precautions: Sit completely upright to swallow. Small bites/sips. Eat/drink slowly." The other sign documented, "Swallow Management: Nectar thick liquids, Pureed solids. Crush pills."</p> <p>On 12/10/13, at 9:15 AM, a caregiver was observed rapidly spooning yogurt into Resident #1's mouth. Resident #1 was observed to have his eyes closed and did not appear awake. The caregiver was observed standing to the side of Resident #1, as she was spooning the yogurt into his mouth. During the observation, the resident did not appear to swallow, before another spoonful was brought to his mouth.</p> <p>On 12/10/13 at 1:00 PM, a caregiver was observed telling the cook, "prepare something soft for [Resident #1's name]." The cook was then observed placing baked potatoes, butter, mixed veggies and battered shrimp in a blender. The cook was observed to blend the mixture for approximately 10 seconds. The mixture was observed thick and chunky. Chunks of veggies were still visible.</p> <p>On 12/10/13 at 1:05 PM, a caregiver was observed standing to the side of Resident #1 at the dining room table. The caregiver was observed to rapidly place 4 forkfuls of the chunky</p> | R 008 | | |
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| R 008 | <p>Continued From page 7</p> <p>mixture into Resident #1's mouth, without waiting for him to swallow between forkfuls. The caregiver then walked away and did not monitor Resident #1's ability to swallow or assist him with a drink.</p> <p>On 12/10/13 at 1:09 PM, the caregiver returned to the dining room table and stood to the side of Resident #1. She was observed to place several forkfuls of the food into Resident #1's mouth. She did not wait or watch for Resident #1 to swallow, before she placed another forkful of food into his mouth. The caregiver then brought a cup of water with a straw, to Resident #1's mouth and cued the resident to swallow. The caregiver did not observe that Resident #1 had swallowed his food prior to assisting him to drink. The caregiver then walked away to assist another resident.</p> <p>On 12/10/13 at 1:11 PM, the caregiver returned to assist Resident #1 with eating. The caregiver stood beside the resident and forked the remaining food into his mouth. The caregiver did not wait for the resident to swallow, between each forkful of food. At 1:12 PM, the resident had finished eating the entire meal, which was approximately 3/4th of a cup of chunky food. The resident was assisted with his meal over a span of 7 minutes.</p> <p>On 12/10/13 at 1:13 PM, a piece of spice cake was observed in front of Resident #1. The cake was not pureed. The caregiver was observed to stand beside the resident, pour milk over the cake and mash the cake with a fork. The caregiver then spooned the cake into the resident's mouth. Before the resident was observed to have swallowed, the caregiver brought a straw to the resident's mouth and said "drink." The caregiver then rapidly spooned the</p> | R 008 | | |
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| R 008 | <p>Continued From page 8</p> <p>cake into the resident's mouth, not waiting for the resident to swallow prior to spooning more cake into his mouth. At 1:16 PM, the caregiver had completed assisting the resident with the cake. In 11 minutes, the resident was assisted with his entire meal.</p> <p>On 12/10/13 at 4:20 PM, a caregiver was observed assisting Resident #1 to drink un-thickened liquids through a straw. The resident was observed coughing. The administrator then asked the caregiver if the liquids were thickened. The caregiver was then observed putting thick-it in the water. She quickly stirred it and assisted the resident to drink before the thick-it was dissolved.</p> <p>On 12/10/13 at 10:30 AM, a caregiver stated they were instructed by an outside agency to "make sure he does not put too much in his mouth and that he drinks while he eats."</p> <p>On 12/10/13 at 11:30 AM, the administrator stated she was not sure what specific recommendations were made from speech therapy, but "he wouldn't eat the thin pureed foods like she wanted."</p> <p>On 12/10/13 at 1:20 PM, the house manager stated she was instructed to provide the resident with verbal prompts to eat, to "slow down" and assist the resident with two bites then one drink. She further stated, she was instructed to puree all meats, chop vegetables and it was recommended not to feed the resident any bread products. She stated the instructions were provided from the occupational therapist and were not put in writing.</p> <p>On 12/10/13 at 3:45 PM, a caregiver stated, "he can pretty much eat everything everyone else</p> | R 008 | | |
|-------|--|-------|--|--|

Bureau of Facility Standards

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R813 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/11/2013 |
|--|---|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER PINE BROOK ASSISTED LIVING OF IDAHO FAI | STREET ADDRESS, CITY, STATE, ZIP CODE 1140 SCIENCE CENTER DRIVE IDAHO FALLS, ID 83402 |
|--|---|

| (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 9</p> <p>does, but we have to put it in the Ninja [blender] and make it real small so he does not choke." She further stated, the resident was capable of feeding himself, but staff were to watch him to make sure "he does not choke."</p> <p>On 12/10/13 at 3:47 PM, a caregiver stated she had not been instructed on how to monitor the resident's eating, but pointed to a blender when asked how the resident's food was prepared.</p> <p>On 12/11/13 at 10:30 AM, the administrator stated she now recalled that a speech therapist had never been out to evaluate the resident. She stated, the occupational therapist had provided verbal instructions to staff regarding his diet and assistance with eating.</p> <p>The facility did not coordinate care to ensure Resident #1's dietary needs were met. The facility did not provide a pureed diet as ordered by the physician. The facility did not ensure the resident was evaluated by a speech therapist in a timely manner, so that further dietary orders could be obtained. As a result, staff were unaware on how to appropriately assist and prepare Resident #1's food. This placed Resident #1 at risk for choking and aspiration.</p> <p>The facility did not coordinate care to ensure Resident #4's wounds were appropriate for assisted living, and to ensure Resident #1 recieved appropriate dietary services. This resulted in inadequate care.</p> | R 008 | | |

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|-------------------------|---|--|-------------|-------------|------------------|---------------------------|----------|--------------|----------------|-------------------|---------------|------------------|
| Facility | PINE BROOK ASSISTED LIVING CENTER OF IDAHO FALLS | | License # | RC-813 | Physical Address | 1140 SCIENCE CENTER DRIVE | | Phone Number | (208) 542-6856 | | | |
| Administrator | Ron Hedelius | | City | IDAHO FALLS | Survey Type | Licensure and Follow-up | ZIP Code | 83402 | Survey Date | December 11, 2013 | | |
| Survey Team Leader | Karen Anderson | | Date Signed | 12-1-13 | | | | | | | RESPONSE DUE: | January 10, 2014 |
| Administrator Signature |  | | | | | | | | | | | |

NON-CORE ISSUES

| Item # | IDAPA Rule # | Description | Department Use Only | |
|--------|--------------|--|---------------------|----------|
| | | | EOR Accepted | Initials |
| 1 | 220.16 | The admission agreement did not state the method to contest charges. | 1/10/14 KA | |
| 2 | 220.17 | The admission agreement did not state the conditions a resident could transition to Medicaid. | 1/10/14 KA | |
| 3 | 225.01 a-g | Resident #1 and #2's behaviors were not evaluated. | 1/10/14 KA | |
| 4 | 225.02 a-c | Interventions were not developed for Resident #1 and #2's behaviors. | 1/10/14 KA | |
| 5 | 260.06 | The facility was not maintained in a clean and orderly manner such as: there were multiple scuff marks on walls and doors, the caulking around a toilet needed recaulked, kitchen cabinets and drawers had a greasy film, and the carpeting in several rooms needed cleaned. | 1/10/14 KA | |
| 6 | 300.01 | The facility RN did not delegate to all staff. | 1/10/14 KA | |
| 7 | 300.02 | The facility RN did not assess residents after they had changes in conditions, such as: When Resident #1 returned from the hospital, Resident #2 experienced low oxygen levels and had a swollen leg, or when Resident #3 experienced lightheadness. | 1/10/14 KA | |
| 8 | 305.02 | Not all PRN medications were available as ordered, or the meds available were expired. | 1/10/14 KA | |
| 9 | 305.04 | The facility RN did not make recommendations regarding health conditions that needed followed up on, such as: Resident #4's wounds or Resident #3's possible side effects of medications. | 1/10/14 KA | |
| 10 | 305.06 | The facility nurse did not assess Resident #2's ability to manage her insulin. | 1/10/14 KA | |
| 11 | 310.01 | Resident #3's aspirin was not bubble packed. | 1/10/14 KA | |
| 12 | 310.01.d | Facility staff were dialing Resident #2's insulin pen and determining the resident's sliding scale dosage. | 1/10/14 KA | |
| 13 | 310.04.e | Behavioral updates were not provided to Resident #2 and #3's physician so that psychotropic medication reviews could be conducted. | 1/10/14 KA | |
| 14 | 320.01 | NSAs for Residents #'s 1, 2, 3 & 4 were not updated or reflective of their current care needs. Resident #1's NSA was not implemented regarding toileting. | 1/10/14 KA | |
| 15 | 350.02 | The administrator did not investigate incidents and accidents. Previously cited on 11/5/09. | 1/10/14 KA | |
| 16 | 600.06.b | Two of 5 staff did not have current CPR or first-aid training. — error KA 12-11-13 | 1/10/14 KA | |
| 17 | 630.02 a-h | Five of 5 staff did not have documented mental illness training. | 1/10/14 KA | |



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|-------------------------|--|--|-------------|-------------|------------------|---------------------------|----------|--------------|----------------|-------------------|
| Facility | PINE BROOK ASSISTED LIVING CENTER OF IDAHO FALLS | | License # | RC-813 | Physical Address | 1140 SCIENCE CENTER DRIVE | | Phone Number | (208) 542-6856 | |
| Administrator | Ron Hedelius | | City | IDAHO FALLS | Survey Type | Licensure and Follow-up | ZIP Code | 83402 | Survey Date | December 11, 2013 |
| Survey Team Leader | Karen Anderson | | Date Signed | | | | | | RESPONSE DUE: | January 10, 2014 |
| Administrator Signature | | | | | | | | | | |

NON-CORE ISSUES

| Item # | IDAPA Rule # | Description | Department Use Only | |
|--------|--------------|---|---------------------|----------|
| | | | EOR Accepted | Initials |
| 18 | 711.01. a-c | The facility did not track Resident #1 or #2's behaviors. Previously cited on 11/5/09. | 1/8/14 KA | |
| 19 | 711.08.b | The facility did not document the use of Resident #1's medication cream. | 1/10/14 KA | |
| 20 | 711.08.c | The facility did not document all unusual events or their response such as: When Resident#1's medication was unavailable. | 1/10/14 KA | |
| 21 | 711.08.e | The facility caregivers did not document when they notified the nurse for changes in residents' condition. | 1/10/14 KA | |
| 22 | 711.08.f | Resident #4 did not have all outside service notes available in the facility. | 1/10/14 KA | |
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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>Pinebrook Idaho</u> | | Operator <u>Ron Hedelius</u> | |
| Address <u>1140 Science Center Drive</u> | | | |
| County <u>Blaine</u> | Estab # | EHS/SUR.# | Inspection time: <u>9:00 AM - 1:00 PM</u> Travel time: |
| Inspection Type: <u>Standard</u> | Risk Category: <u>High</u> | Follow-Up Report: OR | On-Site Follow-Up: Date: _____ |
| Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted. | | | |

| | | | |
|--|----------|---|----------|
| # of Risk Factor Violations | <u>1</u> | # of Retail Practice Violations | <u>1</u> |
| # of Repeat Violations | _____ | # of Repeat Violations | _____ |
| Score | <u>1</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 |
|---------------------------------------|---|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> N | 1. Certification by Accredited Program, or Approved Course, or correct responses; or compliance with Code Employee Health (2-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 2. Exclusion, restriction and reporting | <input type="checkbox"/> | <input type="checkbox"/> |
| | Good Hygienic Practices | | |
| <input checked="" type="checkbox"/> N | 3. Eating, tasting, drinking, or tobacco use (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 4. Discharge from eyes, nose and mouth (2-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Control of Hands as a Vehicle of Contamination | | |
| <input checked="" type="checkbox"/> N | 5. Clean hands, properly washed (2-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 6. Bare hand contact with ready-to-eat foods/exemption (3-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 7. Handwashing facilities (5-203 & 6-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Approved Source | | |
| <input checked="" type="checkbox"/> N | 8. Food obtained from approved source (3-101 & 3-201) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 9. Receiving temperature / condition (3-202) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Protection from Contamination | | |
| <input checked="" type="checkbox"/> N | 11. Food segregated, separated and protected (3-302) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 13. Returned / reserve of food (3-306 & 3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 14. Discarding / reconditioning unsafe food (3-701) | <input type="checkbox"/> | <input type="checkbox"/> |

| | Potentially Hazardous Food Time/Temperature | COS | R |
|---------------------------------------|--|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> N | 15. Proper cooking, time and temperature (3-401) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 16. Reheating for hot holding (3-403) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 17. Cooling (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 18. Hot holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 19. Cold Holding (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 20. Date marking and disposition (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 21. Time as a public health control (procedures/records) (3-501) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Consumer Advisory | | |
| <input checked="" type="checkbox"/> N | 22. Consumer advisory for raw or undercooked food (3-603) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Highly Susceptible Populations | | |
| <input checked="" type="checkbox"/> N | 23. Pasteurized foods used, avoidance of prohibited foods (3-801) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chemical | | |
| <input checked="" type="checkbox"/> N | 24. Additives / approved, unapproved (3-207) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> N | 25. Toxic substances properly identified, stored, used (7-101 through 7-301) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Conformance with Approved Procedures | | |
| <input checked="" type="checkbox"/> N | 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 |
|---------------|------|----------------|------|-------------------------|------|---------------|------|
| Eggs | 165 | Turkey | 39 | turn. cassrole - fridge | 40 | | |
| Shrimp | 176 | Baked potatoes | 172 | | | | |

GOOD RETAIL PRACTICES (input checked = 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 utensil/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 checked="" 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 Allen</u> | Title _____ | Date <u>12-11-13</u> |
| Inspector (Signature) <u>[Signature]</u> | (Print) <u>Rachel Corey</u> | Date <u>12-11-13</u> | Follow-up: (Circle One) Yes <input type="radio"/> No <input checked="" type="radio"/> |



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

Page 2 of 7
Date 12/11/13

| | |
|---|---------------------------------|
| Establishment Name <u>Pinebrook ID Falls</u> | Operator <u>Bon Hedelius</u> |
| Address <u>1140 Science Drive</u> | |
| County Estab # <u>Bonneville</u> | EHS/SUR.# License Permit # |

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

5. The facility cook was observed to not use soap when washing hands. The facility cook was also observed using a kitchen towel to dry hands.
Evidence of resolution due 12/21/13

44. The cook was observed washing dishes without sanitizing the dishes.
Evidence of resolution due 12/21/13

| | | | |
|--|-------------------------|---------------------------------|-------------------------|
| Person in Charge <u>[Signature]</u> | Date <u>12/11/13</u> | Inspector <u>[Signature]</u> | Date <u>12/11/13</u> |
|--|-------------------------|---------------------------------|-------------------------|