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

February 27, 2014

Lisa Moore, Administrator
Midland Manor
9 South Midland Boulevard
Nampa, Idaho 83651

License #: RC-854

Dear Mrs. Moore:

On December 4, 2013, a state licensure survey and complaint investigation were conducted at Midland Manor. 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

GLORIA KEATHLEY, LSW
Team Leader
Health Facility Surveyor

GK/sc

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

December 20, 2013 **CERTIFIED MAIL #: 7007 3020 0001 4050 8241**

Lisa Moore, Administrator
Midland Manor
7100 S Valley Heights Dr.
Boise, ID 83709

Dear Mrs. Moore:

On December 4, 2013, a state licensure, complaint investigation and follow-up to non-core issue deficiencies survey was conducted by Department staff at Midland Manor. The facility was cited with a non-core deficiency for failing to maintain a clean, safe and orderly environment. Despite having been cited for this same deficiency on the three previous surveys: December 9, 2009; March 16, 2012 and June 18, 2012; the facility administrator/owner/operator had not implemented a system, such as a maintenance log, to identify and correct environmental problems.

The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) requires the facility to maintain a clean, safe and orderly environment:

> ***06. Housekeeping Services and Equipment.*** *Housekeeping, maintenance personnel, and equipment must be provided to maintain the interior and exterior of the facility in a clean, safe, and orderly manner. Prior to occupancy of any sleeping room by a new resident, the room must be thoroughly cleaned including the bed, bedding, and furnishings.*

The facility was also cited at IDAPA 16.03.22.451.01.d, for the third consecutive survey, for failing to serve the planned menu. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) requires the facility to serve a planned menu that has been approved by a dietician:

> ***01. Menu.*** *The facility must have a menu planned or approved, signed and dated by a registered dietitian prior to being served to the resident. The planned menu must meet nutritional standards.* ***d.*** *The facility must serve the planned menu and if substitutions are made the menu must be corrected to reflect the substitutions.*

PROVISIONAL LICENSE:

As a result of the repeat non-core deficiencies, a provisional license is being issued effective December 18, 2013. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.
A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.

The administrative rules for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) are available for review at http://adminrules.idaho.gov/rules/current/16/0322.pdf. The conditions I-III of the provisional license are as follows:

I. EVIDENCE OF RESOLUTION:

The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

910. Non-core Issues Deficiency.
01. Evidence of Resolution. *Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.*

The eight (8) non-core issue deficiencies: 260.06 for not maintaining the facility in a clean, safe and orderly manner; 250.10 for not maintaining hot water temperatures between 105 and 120 degrees; 451.01.d. for failing to serve the approved menu; 640.02 for untrained staff working alone; 505.01 for not maintaining a separate trust account for each resident for whom the facility acted as payee; 505.01.b. for not documenting each transaction of resident personal funds and for not having both the resident and the staff member sign for financial transactions; and 725.01 for not maintaining a current, accurate admission discharge register, must be corrected and evidence (including at a minimum, receipts, pictures, completed forms, records of training and an acceptable policy and procedure that will ensure cleaning and maintenance issues are identified and addressed) must be submitted to this office by **January 3, 2013**.

II. CIVIL MONETARY PENALTIES

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for this violation:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.
01. Civil Monetary Penalties. *Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.*

02. Assessment Amount for Civil Monetary Penalty. *When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.*

b. *Repeat deficiency is ten dollars ($10). (Initial deficiency is eight dollars ($8).*

Based on findings that you failed on four (4) consecutive surveys to ensure the facility was maintained in a clean, safe and orderly manner, the Department is imposing the following penalties:

For the dates of September 5, 2013 through December 4, 2013:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
$10.00	2	7	90	$ 12,600

Maximum penalties allowed in any ninety day period per IDAPA 16.03.22.925.02.c:

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	$1,440	$2,880
5-50 Beds	$3,200	$6,400
51-100 Beds	$5,400	$10,800
101-150 Beds	$8,800	$17,600
151 or More Beds	$14,600	$29,200

Your facility had 7 occupied beds at the time of the survey. Therefore, your maximum penalty is: $6,400.

Send payment of $6,400 by check or money order, made payable to: Licensing and Certification

Mail your payment to:

Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. If you fail to pay the entire penalty, together with any interest, the facility license shall be revoked.

III. POSTING OF PROVISIONAL LICENSE

Upon receipt of this notice and provisional license, the facility shall immediately return the facility license to: Licensing and Certification - RALF PO Box 83720 Boise, ID 83720-0009
The facility shall post the provisional license in a place within the facility that is clearly visible to the general public.

FAILURE TO ABIDE BY ANY OF THE THREE CONDITIONS OF THE PROVISIONAL LICENSE SHALL BE CAUSE FOR IMMEDIATE REVOCATION OF THE FACILITY LICENSE.

ADMINISTRATIVE REVIEW

You may contest this decision to issue a provisional license and impose enforcement action of requiring a consultant by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is**

erroneous. The request must be received **no later than twenty-eight (28) days after this notice was mailed**. Any such request should be addressed to:

Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the time period, this decision shall become final.

FOLLOW-UP SURVEY

An on-site, follow-up survey will be conducted after the facility submits evidence that the deficiencies have been corrected. If at the follow-up survey, the environmental deficiencies have not been corrected, or new problems with maintenance or cleanliness of the facility are identified, the Department will revoke the facility license.

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding revocation of the facility license. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,

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

Js/sc

Enclosure

cc: Medicaid Notification Group
Steve Millward, Division of Licensing and Certification

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13R854		12/04/2013

NAME OF PROVIDER OR SUPPLIER

MIDLAND MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

9 SOUTH MIDLAND BOULEVARD
NAMPA, ID 83651

(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	Initial Comments 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 and follow-up, follow-up to non-core items from 06/08/2012 and complaint investigation survey conducted on 12/04/2013 at your facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Coordinator Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor	R 000		

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

DIVISION OF LICENSING & CERTIFICATION
P.O. Box 83720
Boise, ID 83720-0036
(208) 364-1962 Fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues Punch List

Facility	License #	Physical Address		Phone Number
MIDLAND MANOR	RC-854	9 SOUTH MIDLAND BOULEVARD		(208) 466-5175
Administrator	**City**		**ZIP Code**	**Survey Date**
Lisa Moore	NAMPA		83651	December 4, 2013
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Gloria Keathley	Follow-up to punch-list, licensure\follow-up and complaint investigation			January 3, 2014
Administrator Signature	**Date Signed**			
[signature]	12-4-13			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Department Use Only: Initials
1	260.06	The facility was not maintained in a clean, safe and orderly manner. Such as: A) The intake air vent in a random resident's room and a hallway was coated in dust build up. B) The exterior dryer vent was broken. C) The glass shower door in the large bathroom was cracked and the frame was coated with water mineral build up and debris. D) Paint was chipped or worn off the molding in the kitchen/dining area. E) There was a missing piece of tile at the front door entrance. F) The sky light in the large bathroom appears to have had water damage-the paint/wall is buckled. G) There is a hole in the wall in the hallway. H) The caulking around both toilets was stained and peeling. I) The closet in the large bathroom was littered with clothing, plastic bags, games and other debris. ****Previously cited on 12/9/09, 3/16/12 & 6/18/12****	2-12-14	[illegible]
2	250.10	The hot water temperature was not maintained between 105 and 120 degrees.	1-16-14	[illegible]
3	451.01.d	The facility did not serve the planned menu. ****Previously cited on 3/16/12 & 6/18/12****	1-16-14	[illegible]
4	600.05.b	A caregiver worked alone without current first aid and CPR certification.	1-16-14	[illegible]
5	640.02	The caregiver working alone was new to the facility and was not familiar with several daily tasks and/or house specific procedures.	1-16-14	[illegible]
6	505.01	The facility did not maintain a separate trust account or a thorough accounting record for Resident #1 whom the facility was the payee for.	1-16-14	[illegible]
7	505.01.b	The facility owner/payee for Resident #1 did not maintain accurate financial records. A) The facility did not document each financial transaction for Resident #1's personal funds. B) The facility did not have both the resident and a staff member sign for each financial transaction.	1-28-14	[illegible]
8	725.01	The facility did not maintain a current admission and discharge record.	1-16-14	[illegible]
9				
10				
11				
12				
13				
14				

Date 12/4/13 Page I of II

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

Establishment Name: Midland Manor		Operator: Lisa Moore	
Address: 95 Midland Blvd		Nampa ID	
County: Canyon	Estab #:	EHS/SUR #:	Inspection time: / Travel time:
Inspection Type:	Risk Category: high	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.

Critical Violations		Noncritical Violations	
# of Risk Factor Violations	2	# of Retail Practice Violations	1
# of Repeat Violations	0	# of Repeat Violations	0
Score	2	Score	1
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.

		COS	R
	Demonstration of Knowledge (2-102)		
Y N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
Y N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
Y N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
Y N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
Y N	5. Clean hands, properly washed (2-301)	☒	☐
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
Y N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
Y N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
Y N	9. Receiving temperature / condition (3-202)	☐	☐
Y N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
Y N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
Y N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☒	☐
Y N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
Y N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

		COS	R
	Potentially Hazardous Food Time/Temperature		
Y N N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
Y N N/O N/A	16. Reheating for hot holding (3-403)	☐	☐
Y N N/O N/A	17. Cooling (3-501)	☐	☐
Y N N/O N/A	18. Hot holding (3-501)	☐	☐
Y N N/O N/A	19. Cold Holding (3-501)	☐	☐
Y N N/O N/A	20. Date marking and disposition (3-501)	☐	☐
Y N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	☐	☐
	Consumer Advisory		
Y N N/A	22. Consumer advisory for raw or undercooked food (3-603)	☐	☐
	Highly Susceptible Populations		
Y N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	☐	☐
	Chemical		
Y N N/A	24. Additives / approved, unapproved (3-207)	☐	☐
Y N	25. Toxic substances properly identified, stored, used (7-101 through 7-301))	☐	☐
	Conformance with Approved Procedures		
Y N N/A	26. Compliance with variance and HACCP plan (8-201)	☐	☐

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
Sausage gravy plated	168°	Maintenance in kitchen	41				
Out of storage fridge	42°						

GOOD RETAIL PRACTICES (☒= not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	34. Food contamination	☐	☐	☐	42. Food utensils/in-use	☐	☐
☐	28. Water source and quantity	☐	☐	☐	35. Equipment for temp. control	☐	☐	☐	43. Thermometers/Test strips	☐	☐
☐	29. Insects/rodents/animals	☐	☐	☐	36. Personal cleanliness	☐	☐	☐	44. Warewashing facility	☐	☐
☐	30. Food and non-food contact surfaces: constructed, cleanable, use	☐	☐	☐	37. Food labeled/condition	☐	☐	☐	45. Wiping cloths	☐	☐
☐	31. Plumbing installed; cross-connection; back flow prevention	☐	☐	☐	38. Plant food cooking	☐	☐	☐	46. Utensil & single-service storage	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☐	39. Thawing	☐	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature)	(Print) Lisa Moore	Title	Date 12/4/13
Inspector (Signature)	(Print)	Date 12/4/13	Follow-up: (Circle One) Yes No

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

Page II of II
Date 12/4/13

Establishment Name	Operator
Midland Manor	Lisa Moore
Address: 45 S. Midland Blvd	Nampa ID 83651
County Estab # / EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

39. A Caregiver was observed removing frozen meat and putting on counter to thaw.

COS: Caregiver placed meat in refrigerator to thaw

12. A caregiver was observed using a non-approved surface-work place cleaner.

COS: A spray bottle of bleach solution was made by administrator

5. Soap (dispenser) pump bottle not dispensing soap to wash hands.

COS: Administrator replaced soap dispenser

Person in Charge	Date	Inspector	Date
[signature]		[signature]	12/4/13

CFP00-02-02

IDAHO DEPARTMENT OF HEALTH & WELFARE

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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-364-1962
FAX: 208-364-1888

December 18, 2013

Lisa Moore, Administrator
Midland Manor
9 South Midland Boulevard
Nampa, ID 83651

Dear Mrs. Moore:

An unannounced, on-site complaint investigation survey was conducted at Midland Manor on December 4, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00006255

Allegation #1: The facility was not maintained in a clean and orderly manner.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.260.06 for not maintaining the facility in a clean, safe and orderly manner. The facility was required to submit evidence of resolution within 30 days.

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 **December 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,

for

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/slc

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