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

FILE COPY

January 13, 2014

Carissa Bulletts, Administrator
Friends & Family Living Center
165 + 175 + 185 + 195 Constellations Road
Idaho Falls, ID 83402

License #: Rc-977

Dear Ms. Bulletts:

On December 11, 2013, a Follow-Up/revisit and Re-Licensure survey was conducted at Friends & Family Living Center - Tierragold Assisted Living Center, 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 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 Matt Hauser , Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor

MH/mh

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

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December 17, 2013

Carissa Bulletts, Administrator
Friends & Family Living Center
165 + 175 + 185 + 195 Constellations Road
Idaho Falls, ID 83402

Dear Ms. Bulletts:

On December 11, 2013, a follow-up visit to the Complaint survey of 09/27/2013, was conducted at Friends & Family Living Center - Tierragold Assisted Living Center, Llc. The core issue deficiencies issued as a result of the 09/27/2013, survey have been corrected.

The conditions of your provisional license have been met. Your full license has been restored and a new certificate enclosed.

The ban on resident admissions is lifted. You may resume admitting new residents to 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. The completed Punch List form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by January 10, 2014.

Should you have questions, please contact me at (208) 364-1962.

Sincerely,

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

MH/mh

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
	13R977		R 12/11/2013

NAME OF PROVIDER OR SUPPLIER

FRIENDS & FAMILY LIVING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

165 + 175 + 185 + 195 CONSTELLATIONS ROAD
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 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 conducted from 12/09/2013 through 12/11/2013 at your facility. The surveyors conducting the survey were: Matt Hauser, QMRP Team Leader Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor Rae Jean McPhillips, RN, BSN 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
Friends and Family Living Center	RC-977	165, 175, 185, 195, and 205 CONSTELLATIONS		(208) 227-0804
Administrator	**City**		**ZIP Code**	**Survey Date**
Carissa Bullets	IDAHO FALLS		83402	December 11, 2013
Survey Team Leader	**Survey Type**			**RESPONSE DUE:**
Matt Hauser	Licensure and Follow-up			January 10, 2014
Administrator Signature	**Date Signed**			
Carissa Bullets	12/11/13			

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only: EOR Accepted	Initials
1	009.06.c	Two employee records did not contain evidence of a Idaho State Police background check.	1/13/2014	MK
2	260.06	The interior of the building was not maintained in a clean and orderly manner to include dusty vents, missing floor tiles, peeling paint, and multiple scrapes on the walls. Additionally, there were numerous cigarette butts scattered on the facility's grounds. ***Previously cited on 10/27/13***	1/13/2014	MK
3	305.03	The facility RN did not conduct a nursing assessment when Resident #6 had changes in his medical condition.	1/13/2014	MK
4	305.02	The facility RN did not review current medication orders to ensure Resident #2 received medications as ordered by her physician. ***Previously cited on 10/27/13***	1/13/14	MK
5	305.07	The facility RN did not assess for possible side effects when Resident #1 received two antidiarrheal medications at the same time for numerous days.	1/13/14	MK
6	310.01.a	Medications were stored in an unlocked refrigerator.	COS	MH
7	405.05	The facility equipment was not maintained to include, a broken washing machine, broken clothes dryer, a shower that was leaking water into a resident's room in Building #4, a slow draining sink in bathroom B1 in Building #4, a broken closet door in building #1, and several missing closet doors.	1/13/14	MK
8	711.07	Current plans of care from outside service providers were not in Resident #6's record.	1/13/2014	MK
9	711.08.f	Current care notes from outside service providers were not in Resident #6's record.	1/13/2014	MK
10	730.01.h	Three of seven staff records did not have evidence of delegation of nursing tasks by the current RN.	1/13/2014	MK
11				
12				
13				
14				
15				
16				

Date 12/11/13 Page 1 of 2

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	Operator
Friendship Family	Carissa Bullets
Address: 6125 Cassia Way	TD Farb
County: Canyon; Estab #; EHS/SUR.#	Inspection time: ; Travel time:
Inspection Type: ; Risk Category: High	Follow-Up Report: Date: ; OR On-Site Follow-Up: 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: 1	# of Retail Practice Violations:
# of Repeat Violations: 0	# of Repeat Violations:
Score: 1	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.

		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
Chicken/Steak	192	yogurt/Gravy	41				
Ground beef/Tuna	176	Salad/Cottage	39				

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): Carissa Bullets (Print): Carissa Bullets Title: Admin Date: 12/11/13

Inspector (Signature): (Print): Date: 12-11-13 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

Date 12-11-13

Establishment Name	Operator
Friendship Family	Carissa Bullets
Address	
165 + 175 Constellation	Id Falls
County Estab # EHS/SUR.#	License Permit #
Bonneville	

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#22 - there was no consumer advisory posted in the facility when residents asked for undercooked eggs - COS - Staff educated and a consumer advisory sign posted on each building -

Person in Charge	Date	Inspector	Date
Carissa Bullets	12/11/13		12-11-13