

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R463	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/30/2011
NAME OF PROVIDER OR SUPPLIER MALAD LIVING CENTER/RCF		STREET ADDRESS, CITY, STATE, ZIP CODE 151 WEST 200 NORTH MALAD, ID 83252		
(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 conducted on 3/29/2011 through 3/30/2011 at your facility. The surveyors conducting the survey were:</p> <p>Maureen A. McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ASSISTED LIVING

Non-Core Issues

Punch List



IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

Facility Name Malad Living Center	Physical Address 151 West 200 North	Phone Number 208-766-4724
Administrator Ginger Bailey	City Malad	Zip Code 83252
Team Leader Maureen McCann	Survey Type Licensure and Follow-up	Survey Date 03/30/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	210	The facility did not provide an on-going activity program.	5/5/11 MME	
2	225	Resident #4 did not have a behavior management plan in place to regarding medication seeking behaviors.	6/7/11 MME	
3	250.15	The facility did not have a call system in place.	6/27/11 MME	
4	260.06	The facility interior and exterior was not maintained in a orderly manner. For example: The painted wood trim on the exterior of the facility on the south side was flaking away in several areas on the front and the courtyard. There were missing and curled shingles on the roof, and a gutter leaning against the building by the front door. The courtyard deck was completely worn of stain and coming apart. The flower beds and street strip require weeding and the grounds around the building had an accumulation of leaves, junk and cigarette butts. The patio in smoking area had a build-up of ashes and spills. There were several piles of animal feces on the deck. The interior of the facility had been partially painted, leaving areas in the common area and in several residents' room that had unpainted patches, mismatched texture, nail holes, marks and gouges. There were cracks, water stains, mismatched and unpainted texture on the ceiling and several areas of the common areas and residents' rooms. Bathroom #2 had peeling wallpaper, missing caulk around tub and toilet, the door and the vanity had worn paint leaving non-washable surfaces. The shower room next to bathroom #2 was missing the transition strip for the flooring between the hall and the linoleum and was not caulked around the shower, which allowed water to leak down under the flooring. There was a broken light cover in the dining room. There was an old cracked mattress in room #11 and a torn chair in room #10. The went cover in the TV room was broken. Room 14's shade was broken.	6/7/11 MME	

Response Required Date
04/29/11

Signature of Facility Representative

G. Bailey

Date Signed

3/30/11

ASSISTED LIVING

Non-Core Issues

Punch List



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NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
5	300.01	The facility nurse did not address changes in condition. For example: Resident #2's return from the hospital, Resident #1's burn and Resident #4's complaint of a sore throat.	5/5/11 <i>mc</i>	
6	300.02	The facility nurse did not review new orders prior to unlicensed staff implementing them.	5/5/11 <i>mc</i>	
7	305.02	Resident #1, 2, 3 and 4 did not have current medication orders. Resident #1 did not receive vitamin D as prescribed.	5/5/11 <i>mc</i>	
8	305.04	The facility nurse was not reviewing Resident 3's coumadin lab values.	5/5/11 <i>mc</i>	
9	305.06.b	The facility nurse did not assess Resident #4's ability to self-administer medications every 90 days.	5/5/11 <i>mc</i>	
10	310.04.e	The facility did provide behavioral updates to the physician or have the physician review psychotropic medications every 6 months.	5/5/11 <i>mc</i>	
		REPEAT PUNCH		
11	350.02	The administrator did not investigate all incidents and accidents.	5/5/11 <i>mc</i>	
12	350.07	The facility did not report required incidents/accidents to Licensing and Certification.	5/5/11 <i>mc</i>	
13	451.02	The facility did not provide snacks between meals.	5/5/11 <i>mc</i>	
14	711.02	The admission agreement stated complaints had to be given in writing before they would be addressed.	5/5/11 <i>mc</i>	
15	711.07	The facility did not have current care plans from outside agencies.	5/5/11 <i>mc</i>	
16	711.08.c	The facility did not document all incidents. I.E.: Resident #1's burn, a random resident's injury to her hand. and Resident #5's elopement.	5/5/11 <i>mc</i>	
17	730.01	Staff records were not maintained to include all required items a through h.	5/5/11 <i>mc</i>	

Response Required Date 04/29/11	Signature of Facility Representative <i>G Bailey</i>	Date Signed 3/30/11
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IDAHO DEPARTMENT OF HEALTH & WELFARE **Food Establishment Inspection Report**

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Establishment Name: <u>Alta Vista Living Center</u>		Operator: <u>Oliver Raderup</u>	
Address: <u>257 W. 200 North</u>		City/State: <u>Meridian ID</u>	
County: <u>Oneida</u>	Estab #	EHS/SUR.#	Inspection time: <u>11:40am</u> Travel time:
Inspection Type: <u>Standard</u>	Risk Category: <u>high</u>	Follow-Up Report: OR	On-Site Follow-Up: <u>OR</u>
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>1</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>2</u>	# of Repeat Violations	<u>2</u>
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
<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 checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input 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>Grilled Cheese</u>	<u>165°F</u>						
<u>Apple sauce</u>	<u>179°F</u>						
<u>Waffles</u>							

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 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 checked="" type="checkbox"/> 46. Utensil & single-service storage	<input checked="" 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>ADMIN</u> Title	Date <u>3/30/11</u>
Inspector (Signature) <u>[Signature]</u> (Print) <u>Inspector/IPC</u> Date <u>3/29/11</u>	Follow-up: (Circle One) <u>Yes</u> <input type="radio"/> <u>No</u> <input type="radio"/>



Establishment Name <u>Malad Living Center</u>		Operator <u>Sharon Bailey</u>
Address <u>151 W. 200 North</u>		<u>Malad ID</u>
County <u>Blaine</u>	Estab # <u></u>	EHS/SUR.# <u></u>
License Permit # <u></u>		<u></u>

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

12. Bleach solution too strong. Corrected on spot to 50ppm - 100ppm. COS

46. 3 single use containers were being used to store cookies. COS. Transferred to buggies. COS

Person in Charge <u>Sharon Bailey</u>	Date <u>3/29/11</u>	Inspector <u>Sharon A. McGee</u>	Date <u>3/29/11</u>
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