



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: 208-334-6626  
FAX: 208-364-1888

November 6, 2013

James Lynch, Administrator  
Prescott Care Corp dba Willowbrook Assisted Living  
1871 Julie Lane  
Twin Falls, ID 83301

License #: RC-1035

Dear Mr. Lynch:

On August 27, 2013, a complaint investigation and initial licensure survey was conducted at Prescott Care Corporation dba Willowbrook Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 Rae Jean McPhillips, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Rae Jean McPhillips, RN, BSN  
Team Leader  
Health Facility Surveyor

RJM/ftp

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



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September 20, 2013

James Lynch, Administrator  
Prescott Care Corp dba Willowbrook Assisted Living  
1871 Julie Lane  
Twin Falls, ID 83301

Dear Mr. Lynch:

A complaint investigation and initial licensure survey was conducted at Prescott Care Corp dba Willowbrook Assisted Living between August 26 and August 27, 2013. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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 **August 27, 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.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 364-1962. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

Rae Jean McPhillips, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RJM/ftp

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R1035</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/27/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PRESCOTT CARE CORP DBA WILLOWBROOK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1871 JULIE LANE TWIN FALLS, ID 83301</b>
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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
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R 000	<p><b>Initial Comments</b></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 Initial Licensure survey and complaint investigation conducted from August 26, 2013 through August 27, 2013 at your facility. The surveyors conducting the survey were:</p> <p>Rae Jean McPhillips, RN, BSN Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		
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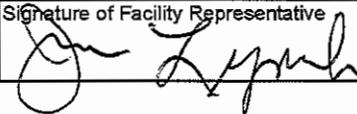
Bureau of Facility Standards LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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**ASSISTED LIVING**  
**Non-Core Issues**  
**Punch List**

Facility Name Prescott Care - Willowbrook Assisted Living	Physical Address 1871 Julie Lane	Phone Number 208-736-3727
Administrator James Lynch	City Twin Falls	Zip Code 83301
Team Leader RaeJean McPhillips	Survey Type Licensure, Initial + Complaint	Survey Date 08/27/13

**NON-CORE ISSUES**

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.04	1 of 5 individuals did not submit their fingerprints within 21 days of hire.	10/31/13 PM	
2	009.06.c	1 of 5 employees did not have an Idaho State police background check conducted.	10/31/13 PM	
3	153.01	The facility's abuse policy did not ensure that allegations of abuse were reported to the appropriate agency immediately.	10/31/13 PM	
4	220.03.c	The facility's admission agreement did not disclose all prices, formulas, and calculations used to determine the resident's basic service rate.	10/31/13 PM	
5	220.17	The facility's admission agreement did not include what would happen if a private pay resident transitioned to Medicaid.	POS	
6	305.01	The facility nurse did not document a nursing assessment of a resident's response to her insulin being with-held due to low blood glucose.	10/31/13 PM	
7	305.03	The facility nurse did not document an assessment of a resident's wound.	10/31/13 PM	
8	305.06.a	The facility nurse did not assess a resident to ensure they could safely administer their insulin.	10/31/13 PM	
9	310.01.a	The facility's medication cart was left unlocked in the living room.	10/31/13 PM	
10	350.02	The administrator did not complete a written report of a complaint investigation within 30 days.	10/31/13 PM	
11	350.04	The administrator did not provide a written response to a complainant within 30 days.	10/31/13 PM	
12	451.03.c	Physicians' orders were not clear as to whether residents were to receive a mechanical soft or pureed diet.	10/31/13 PM	
13	711.02	The facility did not document the date a complaint was received and the outcome of the investigation.	10/31/13 PM	
14	730.01 a-g	The facility did not maintain a complete employee record for the facility nurse.	10/31/13 PM	
Response Required Date 09/26/13		Signature of Facility Representative 	Date Signed 8/27/13	



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>Willow brook</u>		Operator <u>JAMES LYNCH</u>	
Address <u>1871 Julie Lane</u>		City <u>TWIN FALLS ID</u>	
County	Estab #	EHS/SUR.#	Inspection time:      Travel time:
Inspection Type: <u>Standard</u>		Risk Category: <u>High</u>	Follow-Up Report/ OR On-Site Follow-Up: Date: <u>N/A</u> Date: <u>N/A</u>
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</u>	Score	<u>0</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	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee Health (2-201)</b>			
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good Hygienic Practices</b>			
<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"/>
<b>Control of Hands as a Vehicle of Contamination</b>			
<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"/>
<b>Approved Source</b>			
<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"/>
<b>Protection from Contamination</b>			
<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 / reservice 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"/>
<b>Consumer Advisory</b>			
<input checked="" type="checkbox"/> N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Highly Susceptible Populations</b>			
<input checked="" type="checkbox"/> N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Chemical</b>			
<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"/>
<b>Conformance with Approved Procedures</b>			
<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
<u>Meat loaf</u>	<u>172</u>	<u>Meat loaf</u>	<u>42</u>				
<u>PBUS</u>	<u>199</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 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>Jim Lynch</u> (Print) <u>Jim Lynch</u> Title <u>Admin</u> Date <u>8/27/13</u>	Inspector (Signature) <u>Matt Hauser</u> (Print) <u>Matt Hauser</u> Date <u>8/27/2013</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
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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

Page 2 of 2  
Date 8/27/2013

Establishment Name Willowbrook	Operator James Lynch
Address 1871 Julie Lane	Twin Falls
County Estab# EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#8. FOOD <sup>was not</sup> obtained from approved source. C.O.S. 8/27/13 *[Signature]*

#11 Food was not properly segregated C.O.S. 8/27/13 *[Signature]*

Person in Charge <i>[Signature]</i>	Date 8/27/13	Inspector <i>[Signature]</i>	Date 8/27/13
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September 20, 2013

James Lynch, Administrator  
Prescott Care Corp dba Willowbrook Assisted Living  
1871 Julie Lane  
Twin Falls, ID 83301

Dear Mr. Lynch:

An unannounced, on-site complaint investigation survey was conducted at Prescott Care Corporation DbA Willowbrook Assisted Living between August 26, 2013 and August 27, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006051**

**Allegation #1:** The administrator did not investigate or document a complaint.

**Findings #1:** Substantiated. The facility was issued deficiencies at IDAPA 16.03.22.350.02 for not completing a written report of a complaint investigation within 30 days and at IDAPA 16.03.22.711.02 for not documenting the date a complaint was received and the outcome of the investigation. The facility was required to submit evidence of resolution within 30 days.

**Allegation #2:** Medications were allowed to accumulate in the facility for longer than 30 days.

**Findings #2:** Observations throughout the facility were conducted on 8/26 and 8/27/13. There were not any expired or outdated medications. The only medications observed in the facility were the current residents' medications.

Four staff members were interviewed on 8/27/13. All four staff members stated medications did not accumulate in the facility at any time. They all stated, residents' medications were quickly destroyed by the facility nurse and a witness, if they were discontinued or if a resident was discharged.

On 8/27/13 at 9:53 AM, the administrator stated medications were not allowed to accumulate in the facility. He further stated, medications were sent back to the pharmacy or destroyed if they were discontinued or if a resident was discharged from the facility.

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

Allegation #3: The administrator took discontinued medication from former residents to give to other residents.

Findings #3: Observations throughout the facility were conducted on 8/26 and 8/27/13. No discontinued medications or medications of former residents were observed in the facility. The only medications observed in the facility were the current residents' medications.

On 8/27/13 at 9:15 AM, an observation of assistance with medications was observed. Residents were observed to receive assistance with their medications, currently prescribed by their physician.

Three residents' assistance with medication records were reviewed on 8/26 and 8/27/13. The medication assistance records documented residents received their own medications as ordered by their physicians.

Four staff members were interviewed on 8/27/13. All four staff members stated they only assisted residents with their own medications and it was against policy to share medications.

On 8/27/13 at 9:53 AM, the administrator stated he had never assisted residents with discontinued medications or medications from former residents.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #4: Medications were not kept secure.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.01.a for not locking the medication cart in the living room. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not document all incidents.

Findings #5: Incident and accident reports, from 1/2013 through 8/2013, were reviewed on 8/27/13. The reports documented falls, injuries, and medical issues were reported to the administrator as they occurred. The incident and accident reports additionally documented the facility's plan to prevent reoccurrences of the incidents.

Four staff members were interviewed on 8/27/13. All four staff members stated they were trained to document all incidents and accidents, and had done so. All of them stated if an incident or accident occurred during their shift, it was documented.

On 8/27/13 at 9:53 AM, the administrator stated he believed all incidents and accidents were properly documented.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #6: The administrator did not respond in writing to complainants within 30 days.

James Lynch, Administrator  
September 20, 2013  
Page 3 of 3

Findings #6: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not responding in writing to a complainant within 30 days. The facility was required to submit evidence of resolution within 30 days.

Allegation #7: The facility RN did not assess residents after they had changes in condition.

Findings #7: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.305.03 for not assessing residents after they experienced changes in condition. The facility was required to submit evidence of resolution within 30 days.

Allegation #8: The administrator did not respond to a complaint regarding residents not receiving medications/treatments as ordered

Findings #8: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.04 for not providing a written response to complainants within 30 days. 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 **August 27, 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,



Rae Jean McPhillips, RN, BSN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

RJM/TFP

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