STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135141	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Terraces of Boise, The	5301 E Warm Springs Ave Boise, ID 83716

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50603 Based on observation and staff interview, it was determined the facility failed to ensure kitchen equipment was clean and food was stored in a safe and sanitary manner. This deficency had the potential to affect the 36 residents who consumed food prepared by the facility. This placed residents at risk for potential contamination of food and adverse health outcomes, including food-borne illnesses. Findings include: FDA Food Code Section 4-602.11 Equipment Food-Contact Surfaces and Utensils: (E) Surfaces of utensils and equipment contacting food that is not time/temperature control for food shall be cleaned: (4) In equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinders, and water vending equipment: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold. FDA Food Code Section 6-501.14 (A) Documented cleaning ventilation systems intake and exhaust air ducts shall be cleaned so they are not a source of contamination by dust, dirt, and other materials. On 12/16/24 and 12/19/24, it was observed in the main kitchen walk-in refrigerator, the air conditioner fan covers were coated in a layer of dust with short strands of dust waving in the air current. On 12/19/24 it was observed the ice machine in the main kitchen had a layer of pink slime mold on the [NAME] side of the interior of the ice machine. On 12/19/24 at 11:42 AM, the Dietitian confirmed there was a layer of pink slime mold in the ice machine and stated she was unsure when the ice machine had last been serviced by the third party vendor. On 12/19/24 at 11:42 AM, the Maintenance Technician confirmed the ice machine in the main kitchen is serviced and cleaned quarterly by a third party. The last cleaning of the ice machine was on 11/26/24. The Maintenance Technician stated the walk-in refrigerator air conditioning covers are meant to be cleaned quarterly, and he was unsure why the air conditioning cover in question was not cleaned.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	135141	A. Building B. Wing	12/19/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 50603 Based on observation, interview, and FDA Food Code review, it was determined the facility failed to ensure garbage was properly disposed of to minimize attracting insect and rodents. This deficient practice had the potential to affect all residents, staff, and visitors in the facility. Findings include: FDA Food Code Section 5-501.15 Outside Receptacles: (B) Receptacles and waste handling units for refuse and recyclables such as an on-site compactor shall be installed so that accumulation of debris and insect and rodent attraction and harborage are minimized and effective cleaning is facilitated around and, if the unit is not installed flush with the base pad, under the unit. On 12/19/24 it was observed in the facility garbage compactor area, various items of edible and non-edible refuse were spread around the ground near the garbage compactor. On 12/19/24 at 10:15 AM, the Dietitian stated she was unsure when the area around the garbage compactor had last been cleaned. On 12/19/24 at 11:48 AM, the Maintenance Technician and Administrator confirmed the garbage compactor area was cleaned every two weeks, after the compactor is emptied. The Maintenance Technician stated the area had been cleaned the previous week and was not scheduled to be cleaned until the following day.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50981 Based on observation, policy review, and staff interview, it was determined the facility failed to ensure infection prevention measures were taken when reusable medical equipment was not disinfected between residents. These failures had the potential to impact residents in the facility by placing them at risk for cross contamination and infection. Findings include: The facility's Cleaning and Disinfection of Resident-Care Items and Equipment policy, revised 9/22, documented, resident care equipment, including reusable medical equipment will be cleaned and disinfected according to current Centers for Disease Control (CDC) recommedations. The CDC Website for Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, dated 4/12/24, accessed on 12/23/24 stated: Clean and reprocess (disinfect or sterilize) reusable medical equipment (e.g., blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes, surgical instruments, endoscopes) prior to use on another patient or when soiled. On 12/19/24, at 8:45 AM, LPN #1 was observed using the mobile vital signs machine to obtain blood pressure, pulse, and temperature readings on a resident. LPN #1 was observed to use the same machine to obtain blood pressure, pulse, and temperature readings on another resident. LPN #1 was not observed to clean or disinfect the equipment between the two residents. LPN #1 stated she cleaned the mobile vital signs machine once at the end of her shift. On 12/19/24 at 10:00 AM, CNA #1 stated the mobile vital signs machines were cleaned once a day by night shift staff. On 12/19/24 at 12:35 PM, the Administrator stated nursing staff are responsible to clean the mobile vital signs machines after each resident use.