



C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

IDAHO DEPARTMENT OF
HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T. - Chief
BUREAU OF FACILITY STANDARDS
3232 Eider Street
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

April 7, 2015

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 East 6th South
Mountain Home, ID 83647

Dear Ms. Humpherys:

We have received your plan of correction and evidence of resolution to the deficiencies documented on the Punch List found at fire life safety survey conducted on February 6, 2015.

Unfortunately, we are unable to accept your evidence of resolution as submitted on March 7, 2015. Specifically, you need to submit the following to comply with the requirements:

- Your plan of correction (POC) does not completely identify those five elements in the required documentation of how your deficiencies affect other residents; how you will ensure future compliance; what systematic changes; and how will your corrective measures be monitored.
- Your EOR for your initial survey has not been completed and was due March 09, 2015.
- None of the photos submitted demonstrate compliance.
- No evidence demonstrating compliance has been received by this office.

Enclosed is another copy of the Punch List. Submit a plan of correction and evidence of resolution, as detailed above, to this office by **April 17, 2015** and keep a copy for your records.

If you have any questions or need assistance, please call us at (208) 334-6626.

Sincerely,

MARK P. GRIMES
Supervisor
Fire Life Safety & Construction Program

MPG/lj



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February 11, 2015

CERTIFIED MAIL #: 7012 3050 0001 2125 6522

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 East 6th South
Mountain Home, ID 83647

Dear Ms. Humpherys:

Based on the Life Safety Code survey conducted by our staff at Cedar Crest Residential Care on **February 6, 2015**, we have determined that the facility failed to provide a safe living environment resulting in inadequate care which is not an immediate danger.

This core issue deficiency substantially limits the capacity of Cedar Crest Residential Care to furnish services of an adequate level or quality to ensure that residents' health and safety are safe-guarded. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **March 23, 2015**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ What date will the corrective action(s) be completed by?

Charlene Humpherys, Administrator
February 11, 2015
Page 2 of 2

Return the **signed** and **dated** Plan of Correction to us by **February 24, 2015**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

In accordance with Informational Letter #2002-16 INFORMAL DISPUTE RESOLUTION (IDR) PROCESS, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to Mark Grimes, Supervisor, Facility Fire Safety & Construction Program, for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the statement of deficiencies (**February 24, 2015**). The specific deficiencies for which the facility asks reconsideration must be included in the written request, as well as the reason for the request for reconsideration. The facility's request must include sufficient information for the Bureau of Facility Standards to determine the basis for the provider's appeal. If your request for informal dispute resolution is received after **February 24, 2015**, your request will not be granted.

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 proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **March 9, 2015**.

If, at the follow-up survey, it is found that the facility is not in compliance with the rules and standards for residential care or assisted living facilities, the Department will have no alternative but to initiate an enforcement action against the license held by Cedar Crest Residential Care.

Should you have any questions, or if we may be of assistance, please call our office at (208) 334-6626.

Sincerely,



MARK P. GRIMES
Supervisor
Facility Fire Safety & Construction Program

MPG/lg

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ENTIRE BUILDING B. WING: _____	(X3) DATE SURVEY COMPLETED 02/06/2015
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NAME OF PROVIDER OR SUPPLIER
CEDAR CREST RESIDENTIAL CARE

STREET ADDRESS, CITY, STATE, ZIP CODE
**1200 EAST 6TH SOUTH
MOUNTAIN HOME, ID 83647**

(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 following deficiency was cited during the Annual Life Safety Survey conducted on February 6, 2015 at your residential care/assisted living facility. The surveyors conducting the survey were: Sam Burbank Team Coordinator Health Facility Surveyor Nathan Elkins Health Facility Surveyor Mark Grimes, Supervisor Facility Fire Safety & Construction	R 000	#1 Fire drills have been on day, night, and evening shift since survey. Plus 1 resident evacuation* Five drills will be completed each quarter.	2/26/15 10:45 am 4:45 pm* 2/27/15 1:00 am
R 008	16.03.22.520 Protect Residents from Inadequate Care. The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care. This Rule is not met as evidenced by: Based upon observation, record review and interview the facility failed to provide a safe living environment through a lack of maintenance and inspections to ensure safety; failure to provide a safe living environment resulting in inadequate care which is not an immediate danger. Findings that create inadequate care are found on the punchlist pages and will include: Item #1 - Fire Drills one per shift per quarter. Item #2 - Administrator assures fire drills are maintained. Item #6 - Unsecured oxygen cylinders.	R 008	#2 Administrator will perform fire drills on the 1 st (2x), 2 nd (2), and 3 rd (1) shifts each quarter All extinguishers have been inspected since survey. Administrator will assure monthly fire extinguishers inspections are performed. K style fire extinguisher in kitchen has been lowered to 42 inches. Simplex Sprinklers will test sprinkler system as required by regulations. A test was performed On 2/2/15 the next test will be performed in May 2015 and will be performed quarterly thereafter. # 6 Oxygen cylinders - Pt expired who lived in room #4, Oxygen is no longer stored in room. Oxygen stored in room #44 has been secured in a holder	2/27/15 2/14/15 2/7/15 2/11/15

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Sharon Thompson

TITLE

Adm

(X6) DATE

3-22-2013



Facility Name <i>CEDAR CREST RESIDENTIAL CARE</i>	Physical Address <i>1200 EAST 6TH SOUTH</i>	Phone Number <i>208-587-9073</i>
Administrator <i>CHARLIE HUMPHREYS</i>	City <i>MOUNTAIN HOME</i>	ZIP Code <i>83647</i>
Survey Team Leader <i>SAM BURBANK</i>	Survey Type <i>FIRE/LIFE SAFETY</i>	Survey Date <i>2/5/15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	<i>16.03.22</i>	<i>PAGE 1 OF 6</i>		
<i>1</i>	<i>4110.02</i>	<i>FACILITY FAILED TO PERFORM FIRE DRILLS - REPEAT - NO NOC OR DAY SHIFT DRILL 4TH QTR; NO NOC DRILL 3RD QTR; NO PM DRILL 2ND QTR; NO STAFF SIGNATURES</i>	<i>3/31/15</i>	<i>SB</i>
<i>2</i>	<i>750.01</i>	<i>ADMINISTRATOR ASSURES FIRE DRILLS ARE MAINTAINED</i>	<i>3/31/15</i>	<i>SB</i>
<i>3</i>	<i>415.03(e)</i>	<i>MONTHLY INSPECTION OF FIRE EXTINGUISHERS NOT COMPLETED ON (3) EXTINGUISHERS - MISSING SINCE OCTOBER -</i>	<i>3/19/15</i>	<i>SB</i>
<i>4</i>	<i>403.08</i>	<i>K-STYLE FIRE EXTINGUISHER MOUNTED IN KITCHEN OVER 42 INCHES - NFPA 10 1-6.10 - MEASURES 66" TO TOP</i>	<i>3/19/15</i>	<i>SB</i>
<i>5</i>	<i>415.05</i>	<i>1) SPRINKLER SYSTEM TESTING ONLY PERFORMED ON "SIMI-ANNUAL BASIS - NOT ANNUAL -</i>	<i>4/27/15</i>	<i>SB</i>
		<i>2) NO QUARTERLY SPRINKLER TESTING PERFORMED</i>	<i>3/19/15</i>	<i>SB</i>

Response Required Date <i>3/5/15</i>	Signature of Facility Representative <i>Charlie Humphreys</i>	Date Signed <i>2-5-2015</i>
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Facility Name CEDAR CREST RESIDENTIAL CARE	Physical Address 1200 EAST 6TH SOUTH	Phone Number 708-587-9073
Administrator CHARLENE HUMPHREYS	City MOUNTAIN HOME	ZIP Code 83647
Survey Team Leader SAM BURBANK	Survey Type FIRE/LIFE SAFETY	Survey Date 2/5/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
		PAGE 2 OF 6		
6	404.03	UNSECURED E-SIZE OXYGEN CYLINDERS IN RMs #44 & #4	3/19/15	SB
7	405.01(b)	1) HVAC UNIT IN RM #53 USING BROKEN ELECTRICAL WIRING AND CONDUIT CONNECTION	4/30/15	SB
	405.01(a)	2) NON-GROUNDED EXTENSION CORDS DAISY-CHAINED FOR HOLIDAY LIGHTING IN MAIN LIVING RM - REPEAT -	3/19/15	SB
		3) OXYGEN CONCENTRATOR PLUGGED INTO NON-GROUNDED "ZIP" EXTENSION CORD RM #19		
		4) OPEN ELECTRICAL CONNECTIONS IN BOILER RM ABOUT LAUNDRY; OPEN LIGHT FIXTURE IN CRAFT ROOM; OPEN 4"X4" SQUARE ELECTRICAL BOX ABOUT FREEZER;	4/27/15	SB
		5) STAFF USING NON-UL LISTED "TAPED & PATCHED" EXTENSION CORD FOR VACUUMING	3/19/15	SB
			4/27/15	SB
		6) HEATED BLANKET PLUGGED INTO RPT RM #2; T.V. PLUGGED INTO NON-GROUNDED "ZIP" EXTENSION CORD		

Response Required Date 3/5/15	Signature of Facility Representative <i>Charlene Humphreys</i>	Date Signed 2-6-2015
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Facility Name CEDAR CREST RESIDENTIAL CARE	Physical Address 1200 EAST 6TH SOUTH	Phone Number 208-587-9073
Administrator CHARLENE HUMPHREYS	City MOUNTAIN HOME	ZIP Code 83647
Survey Team Leader SALLY BURBANK	Survey Type FIRE/LIFE SAFETY	Survey Date 2/5/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	PAGE 3 OF 6		
7	405.01(b)	7) ERM # 10 USING NON-GROUNDED "ZIP" EXTENSION CORD (CONT.) FOR HOLIDAY LIGHTING INSIDE LIBRARY/SEATING AREA	4/27/15	SB
		8) OXYGEN CONCENTRATOR PLUGGED INTO RELOCATABLE POWER TAP RIM # 17, # 54	4/27/15 3/19/15	SB SB
		9) RELOCATABLE POWER TAP USED FOR HAIR DRYER & CURLING IRON RIM # 15	4/27/15	SB
		10) MULTIPLE EXTENSION CORDS USED FOR HOLIDAY DECORATIONS/LIGHTING IN LIVING RM	3/19/15	SB
		11) FIXED INSTALLATION IN CENTER RM & LIGHT IN CASES RE: IMPROVE INSTALLATION OK SB		
8	403.06	FENCING USED FOR ANIMALS IN CENTER COURT UNSUITABLE - PALLETS AND PVC, LIGHT DUTY MIXED MATERIALS	3/19/15	SB
9	403.11	RUBBLE, GARBAGE & PALLETS IN CENTER COURT ON PATHS & AGAINST BUILDING	3/19/15	SB

Response Required Date	Signature of Facility Representative Charlene Humphreys	Date Signed 2-6-2015
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Facility Name <i>CLAR COAST RESIDENTIAL CARE</i>	Physical Address <i>1200 EAST 6TH SOUTH</i>	Phone Number <i>208-587-9073</i>
Administrator <i>CHARLENE HUMPHREYS</i>	City <i>MOUNTAIN HOME</i>	ZIP Code <i>83647</i>
Survey Team Leader <i>SAM BURBANK</i>	Survey Type <i>FIRE/LIFE SAFETY</i>	Survey Date <i>2/5/15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	PAGE 4 OF 6		
10	405.05	1) EMERGENCY LIGHTS - (2) LIGHTS FAILED TESTING. TESTING LOGS NOT PROVIDED FOR 30-SEC & 90 MIN TESTING (30 SECONDS MONTHLY & 90 MINUTES ANNUALLY)	4/27/15	SB
		2) LAUNDRY RM DOORS PROPPED OPEN BY STAFF - REPEAT - THIRD THIRD INSTANCE - CITED 2010, 2013 PREVIOUSLY	3/19/15	SB
			4/30/15	SB
11	415.05	FACILITY DID NOT PERFORM SEMI-ANNUAL HOOD CLEANING	4/27/15	SB
12	415.02	FACILITY DID NOT HAVE RECORDS FOR ANNUAL FUEL FIRING HEATING INSPECTION	3/19/15	SB
13	161.01	1) SMOKING IS PROHIBITED WITHIN 25 FEET OF THE ENTRANCE PER IDAHO STATE CODE	4/30/15	SB
		2) CIGARETTE BUTTS INTO OPEN GARBAGE CANS WITHOUT LIDS - REPEAT - DISPOSAL INTO CONTAINER WITH SELF CLOSING LID REQUIRED	4/30/15	SB

Response Required Date <i>3/5/15</i>	Signature of Facility Representative <i>[Signature]</i>	Date Signed <i>2-6-2015</i>
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Facility Name <i>CEDAR CREST RESIDENTIAL CARE</i>	Physical Address <i>1200 EAST 6TH SOUTH</i>	Phone Number <i>208-587-9073</i>
Administrator <i>CHARLINE HUMPHREYS</i>	City <i>MOUNTAIN HOME</i>	ZIP Code <i>83647</i>
Survey Team Leader <i>SAM BURBANK</i>	Survey Type <i>FIRE/LIFE SAFETY</i>	Survey Date <i>2/5/15</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
	16.03.22	<i>PAGE 5 OF 6</i>		
<i>14</i>	<i>405.01</i>	<i>ELECTRICAL PANEL "D" OUTSIDE RIM #28 IS NOT LABELED</i>	<i>3/19/15</i>	<i>SB</i>
<i>15</i>	<i>250.10</i>	<i>1) WATER TEMPS TESTED RANGED FROM 74 DEGREES TO 144 DEGREES</i>	<i>3/19/15</i>	<i>SB</i>
		<i>2) FAUCETS INSTALLED IN RIMS #7 & #42 INSTALLED OPPOSITE - HOT = COLD - COLD = HOT</i>		
		<i>3) FAUCETS LEAKING #21 #3 RESIDENT ROOMS</i>		
<i>16</i>	<i>415.04</i>	<i>SMOKE DETECTOR IN CORRIDOR OUTSIDE RIM #52</i>	<i>4/27/15</i>	<i>SB</i>
<i>17</i>	<i>405.05</i>	<i>PTAC UNITS DAMAGED OR NOT SERVICED/CLEANED IN RESIDENT RIMS #30, #41, #21 & CORRIDOR UNIT DISABLED; UNIT #13 CONSTANTLY ON</i>	<i>4/30/15</i>	<i>SB</i>
<i>18</i>	<i>415.01</i>	<i>ROOMS CONVERTED TO STORAGE - DOOR SELF-CLOSERS DISABLED - HAZARDOUS AREA STORAGE</i>	<i>4/30/15</i>	<i>SB</i>

Response Required Date <i>3/5/15</i>	Signature of Facility Representative <i>Charline Humphreys</i>	Date Signed <i>3-6-2015</i>
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Facility Name CEDAR CREST RESIDENTIAL CARE	Physical Address 1200 EAST 6TH SOUTH	Phone Number 208-587-9073
Administrator CHARLENE HUMPHREYS	City MOUNTAIN HOME	ZIP Code 83647
Survey Team Leader SAM BURBANIK	Survey Type FIRE/LIFE SAFETY	Survey Date 2/5/15

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
	16.03.22	PAGE 6 OF 6	
19	404.01	Life Safety Code - 7.8.1.2 - Exit Discharge LIGHTING Four Exit Discharge (overhead) Lights not operable.	4/30/15
20	404.01	Smoke Compartmentation - Smoke Compartment Doors must self close and latch to prevent the passage of smoke - Din Closet to Rm 25 needs NEEDS AN ASTRALAL DOORS CLOSET TO Rm 40 Does not latch, Doors at Chapel and Room 7 Does NOT Latch - THE DOOR FROM THE CHAPEL NEEDS AN ASTRALAL. LSC 13.3.7.	4/30/15
21	415.01	1) SPRINKLER ESCUTCHEONS USING ALUMINUM FOIL & MODIFIED SHEET METAL NOT LISTED INSTALLATIONS 2) MISSING SPRINKLER ESCUTCHEON AREA MODEL 40 SHOWN	4/27/15 4/28/15
22	405.05	1) COMBUSTIBLE DECORATIONS AT LIVING RM NOT FIRE RESISTIVE 2) CURTAINS INSTALLED IN ROOMS NOT LABELED/TOPKATH	3/19/15 #3

Response Required, Date

3/5/15

Signature of Facility Representative

Charlene Humphreys

2-6-2015