



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

April 6, 2015

Tynea Escobar, Administrator  
Rosetta Assisted Living - Hiland  
1919 Hiland  
Burley, Idaho 83318

Provider ID: RC-694

Ms. Escobar:

On February 13, 2015, a State Licensure survey was conducted at Rosetta Assisted Living - Hiland. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and 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 Karen Anderson, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

*Karen Anderson, RN*

KAREN ANDERSON, RN  
Team Leader  
Health Facility Surveyor

KA/sc

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



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February 24, 2015

**CERTIFIED MAIL #: 7007 3020 0001 4050 8784**

Ashley Tallon  
Rosetta Assisted Living - Hiland  
1919 Hiland  
Burley, Idaho 83318

Provider ID: RC-694

Ms. Tallon:

Based on the state licensure/follow-up survey conducted by Department staff at Rosetta Assisted Living - Hiland between February 12, 2015 and February 13, 2015, it has been determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Rosetta Assisted Living - Hiland to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. 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 30, 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)?
- ◆ By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **March 8, 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.

Ashley Tallon  
February 24, 2015  
Page 2 of 2

Pursuant to IDAPA 16.03.22.003.02, you have available the opportunity to question the core issue deficiency through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Assisted Living Facility Program for an IDR meeting. The request for the meeting must be in writing and must be made within ten (10) business days of receipt of the Statement of Deficiencies. The facility's request must include sufficient information for Licensing and Certification to determine the basis for the provider's appeal, including reference to the specific deficiency to be reconsidered and the basis for the reconsideration request. If your request for informal dispute resolution is received more than ten (10) days after you receive the Statement of Deficiencies, your request will not be granted. Your IDR request must be made in accordance with the Informal Dispute Resolution Process. The IDR request form and the process for submitting a complete request can be found at [www.assistedliving.dhw.idaho.gov](http://www.assistedliving.dhw.idaho.gov) under the heading of Forms and Information.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **March 15, 2015**.

Also, be aware that any variance allowing the administrator to serve over other facilities is revoked as of the date of the exit conference. The facility must now employ a single, licensed administrator who is not serving as administrator over any other facilities. Failure to do so within thirty (30) days of the date of the exit conference will result in a core issue deficiency.

If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by Rosetta Assisted Living - Hiland.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



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

JS/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R694	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  02/13/2015
NAME OF PROVIDER OR SUPPLIER  ROSETTA ASSISTED LIVING - HILAND		STREET ADDRESS, CITY, STATE, ZIP CODE 1919 HILAND BURLEY, ID 83318		
(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 licensure survey conducted February 12, 2015 through February 13, 2015, at your residential care/assisted living facility. The surveyors conducting the survey were:  Karen Anderson, RN Team Coordinator Health Facility Surveyor  Donna Henscheid, LSW Health Facility Surveyor  Gloria Keathley, LSW Health Facility Surveyor  Survey Definitions:  ADLs = Activities of Daily Living eval = evaluation NSA = Negotiated Service Agreement Psych unit = psychiatric treatment center Pt = patient	R 000	Resident #1 was admitted to our facility; family claimed minimal physical aggression toward one family member only prior to admission. While adjusting to our facility resident #1 did have some noted physical aggression toward staff. Within the first two weeks of displaying these behaviors, resident was placed on a behavior tracking plan. Staff training regarding behaviors were lacking at this time.  We did have All staff meeting on 10/16/14 (attachment a) and 1/8/15 (attachment b) including behaviors. Staff meeting held following survey included specific behavior training and calm approach techniques for this specific resident and any others that display similar behaviors (attachment c).  We have scheduled multiple mandatory staff in-services monthly specific on behaviors for March and April. We will be discussing different types of behaviors and different techniques to help calm situations where behaviors are present. We will also be reviewing	
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 on observation, interview and record review, it was determined the facility admitted and retained 1 of 4 sampled residents (Resident	R 008		

Bureau of Facility Standards

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

TITLE

(X6) DATE

*[Signature]*

Administrator

3/26/15

STATE FORM

6899

50BE11

If continuation sheet 1 of 8

Date in Compliance:  
3/20/2015  
*[Signature]*

Residential Care/Assisted Living

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NAME OF PROVIDER OR SUPPLIER  <b>ROSETTA ASSISTED LIVING - HILAND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1919 HILAND BURLEY, ID 83318</b>		
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R 008	<p>Continued From page 1</p> <p>#1) who was not compatible with other residents and was violent and a danger to others.</p> <p>IDAPA 16.03.22.152.05.d - e, documents that residents will not be admitted or retained who have physical, emotional, or social needs that are not compatible with other residents in the facility, or is violent or a danger to themselves or others.</p> <p>I. Violent or danger to others</p> <p>According to Resident #1's record, she was an 85 year-old female, who was admitted to the facility, on 9/19/14, with a diagnosis of dementia.</p> <p>An admission assessment, dated 9/15/14, documented Resident #1 had been physically aggressive with her daughter prior to admission to the facility.</p> <p>On 2/12/15 and 2/13/15, the facility was observed to be a 15 bed facility with four wings, which were separated by a kitchen/dining room and a common living area. The wings were not visible when in the dining room, common area, or front office area. There were 10 residents and 2 caregivers scheduled for the day shift, one caregiver for the evening shift and night shift.</p> <p>On 2/12/15 at 1:35 PM, Resident #1 was observed walking about the facility, stating "This is my house" and continued to verbalize she was angry that other people were living and or visiting in her house.</p> <p>On 2/12/15 at 1:50 PM, a caregiver and a medication aide stated Resident #1, told other residents and visitors the facility was her house and she wanted everyone out of her house,</p>	R 008	<p>the importance of immediately discharge of residents that are displaying aggressive, assaultive, or abusive behaviors to be evaluated.</p> <p>We are implementing a new behavior tracking and care plan that is more specific to each resident's needs, this includes determining the behavior, communication with physician and nurse, and minimum monthly reviews (attachment d,e,f). We will have an All staff meeting on the new forms on March 19th, and we will be implemented on March 20th.</p> <p>We will be reviewing our Policy &amp; Procedure regarding Residents that are displaying behaviors that are a danger to themselves or others at our meeting being held April 14th.</p> <p>They are currently posted for staff to refer to from day to day until we have our meeting.</p> <p>Aggressive, assaultive, and/or abusive residents which present a threat of imminent physical injury will be Immediately discharged to be properly evaluated.</p>	

Residential Care/Assisted Living

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R 008	<p>Continued From page 2 including staff.</p> <p>An NSA, dated 9/19/14, documented Resident #1 had behavioral issues such as:</p> <ul style="list-style-type: none"> <li>*Resisting ADL assistance</li> <li>*Verbally offensive/abusive</li> <li>*Aggressive reaction to touch</li> <li>*Physically combative</li> </ul> <p>Behavior tracking documentation was reviewed from 9/19/14 through 2/9/15. The following includes a sample of some of the documentation:</p> <p>*9/19/14 at 1:00 PM, "Resident was anxious wanting to go home, trespassing into others rooms, trying to take what she thought was hers." The intervention listed was "Take her out to smoke. Sit down and visit about family."</p> <p>*9/25/14 at 2:30 PM, the resident was "trying to leave the facility, was yelling at staff and refusing help from staff."</p> <p>*9/28/14 at 2:20 PM, the resident's behaviors started after breakfast and increased when people came for church and left. The caregiver documented the behavior lasted from 9:10 AM until 1:40 PM.</p> <p>*10/21/14, evening shift (un-timed), Resident #1 was yelling at residents to "get out of her house." The resident went into a male resident's room and made a mess and when the caregiver tried to intervene Resident #1 became verbally and physically combative. While the caregiver assisted residents with their ADLs before bed, Resident #1 went into another resident's room and told the resident not to listen to the caregiver.</p>	R 008		

Residential Care/Assisted Living

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R 008	<p>Continued From page 3</p> <p>Resident #1 continued to yell and curse which was "offensive to residents." The caregiver documented, the resident stated "I'm going to slap your face" and then tried to slap the caregiver's face. The caregiver documented she "put the residents to sleep so they wouldn't trigger her."</p> <p>*10/22/14 at 9:00 PM, Resident #1 was upset and was telling the caregiver to "get out of the house." The resident told the caregiver she was going to "kill" her and "ring my throat." When the caregiver told Resident #1 she could not leave, the resident slapped the caregiver on the shoulder and grabbed for the caregiver's throat.</p> <p>*10/30/15 at 8:55 AM, Resident #1 became very territorial, wanting everyone in the facility out of her house. The resident became physically combative with staff and yelled at staff, visitors and other residents. The caregiver documented the resident was "very difficult to redirect most of the time."</p> <p>*10/31/14 at 10:41 PM, Resident #1 was agitated and confused that this was not her house and was verbally aggressive.</p> <p>*11/4/14 at 10:49 PM, Resident #1 was upset that people were in her house. "At the beginning of the shift she was threatening to call the cops and to even kill herself."</p> <p>*11/7/14 at 3:33 PM, Resident #1 was "upset before lunch and mad because people were in her house eating her food."</p> <p>*11/8/14 at 3:04 PM, the resident thought it was her house after breakfast and was "forcing</p>	R 008		

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R 008	<p>Continued From page 4</p> <p>everyone to get out." She got agitated and was verbally aggressive saying she was going to "kick us all out."</p> <p>*11/10/14 at 11:52 PM, the resident was confused and verbally aggressive and was trying to kick staff and other residents out.</p> <p>*11/12/14 at 2:51 PM, Resident #1 was "agitated" and was trying to "kick staff and other residents out." The resident had been verbally and physically aggressive and would not leave the other residents alone."</p> <p>*11/14/14 at 10:26 PM, the resident was "verbally and physically aggressive" and tried to hit a caregiver multiple times. The resident got in a verbal altercation with a male resident and was telling him to leave. The resident went into another female resident's room and grabbed the resident up out of bed and told her to "get out."</p> <p>*11/16/14 at 10:36 PM, the resident refused dinner and kept saying she "rather die starving." The resident "started bothering another [male resident's name] and was trespassing into his room telling him to get out of her house. The male resident became upset and a caregiver separated them."</p> <p>*11/17/14 at 10:39 PM, the resident yelled at everyone for a few hours to get out of her house. The caregiver documented she took the resident "outside to smoke twice and left the other residents alone" while providing one to one interventions to help calm the resident down.</p> <p>*11/21/14 at 10:36 PM, the resident was angry and wanted the other residents out of her house.</p>	R 008		
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R 008	<p>Continued From page 5</p> <p>The resident "talked about killing herself."</p> <p>*12/4/14 at 9:15 AM, Resident #1 continued to be verbally aggressive towards staff and residents. "Threatening to hurt staff..."</p> <p>*12/22/14 at 10:31 PM, the resident tried "shooing" Christmas carolers away from the facility. "They wanted to sing but she would not have it. A male resident became angry because he wanted to hear the carolers sing and he argued with Resident #1.</p> <p>*12/23/14 at 10:58 AM, Resident #1 had been trying to eat and drink residents food which upset residents.</p> <p>*12/23/14 at 10:56 PM, the resident was angry because she had asked the residents to leave multiple times. The resident became more agitated and told the caregiver she was going to "cut my throat with a butcher knife and shoot me." The caregiver documented she took the resident outside to smoke.</p> <p>*1/23/15 at 10:24 PM, Resident #1 tried to kick another resident out of the facility.</p> <p>*1/29/15 at 10:07 PM, the resident was upset the caregiver was assisting other residents with ADLs. The caregiver documented the resident got into a couple of arguments with a female resident.</p> <p>*2/9/15 at 10:34 PM, the resident was upset due to thinking the facility was her house.</p> <p>On 11/20/14, a fax from the administrator was sent to the resident's physician requesting a</p>	R 008		

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R 008	<p>Continued From page 6</p> <p>"referral for psych unit?" The physician's order documented, "Pt to be transferred to Psych Unit." The faxed order was noted by the facility RN on 11/25/14.</p> <p>11/20/14, the administrator documented the following letter. "To whom it may concern...Resident at times is very territorial trying to kick other residents, staff and visitors out of the facility. Threatening to call the cops and, or kill everyone that does not get out immediately. Frequently verbally aggressive towards staff, visitors, and other residents at times cussing towards them and threatening them. Has been physically aggressive towards staff on several occasions...Resident frequently will try and hit with towels, newspaper, or other objects within reach when upset. Daughter said she would hit her at home as well. At times, resident becomes very emotional wanting us to just let her die."</p> <p>On 2/13/15 at 9:33 AM, the administrator stated the letter was written in response to the psychiatric center requesting documentation that would show a clear picture of the behaviors the resident had been exhibiting. She further stated, the resident was not sent out to be evaluated by a psychiatrist.</p> <p>On 12/12/14, a fax was sent to the resident's physician requesting an "Eval for transfer to Psych Unit" The physician's order documented, "No need to transfer at this point," and ordered the resident could be given an extra dose of Risperdal as needed for "agitation." The fax was noted by the RN on 12/16/14.</p> <p>On 2/13/15 at 10:55 AM, the facility RN stated, caregivers called her when the resident exhibited</p>	R 008		

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R 008	<p>Continued From page 7</p> <p>behaviors such as yelling, hitting and had altercations with other residents. She stated she was not aware the resident had suicidal ideations. The RN stated, although the physician was faxed to request a psychiatric evaluation twice, the resident was never sent. The RN stated she had not documented any assessments after the resident made homicidal threats towards staff and residents regarding her mental status.</p> <p>Resident #1, exhibited behaviors that were distressing to other residents such as, threatening to "kill herself" and/or "kill everyone" pulled a resident out of bed, and yelled at residents to get out of "her" house. The facility retained Resident #1 who was not compatible with other residents, was violent and a danger to others, and violated the other residents' rights. This resulted in inadequate care.</p>	R 008		



Facility ROSETTA ASSISTED LIVING - HILAND	License # RC-694	Physical Address 1919 HILAND	Phone Number (208) 677-5451
Administrator Ashley Tallon	City BURLEY	ZIP Code 83318	Survey Date February 13, 2015
Survey Team Leader Karen Anderson	Survey Type Licensure and Follow-up	RESPONSE DUE March 15, 2015	
Administrator Signature <i>Ashley Tallon</i>	Date Signed 2/13/15		

**NON-CORE ISSUES**

Item #	IDAPA Rule # 16.03.22	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	Three of 3 staff did not have documentation a state police background check had been completed.	3/6/15	KA
2	153	Update the Abuse Policy to include who, how and when to report abuse per state statute.	3/6/15	KA
3	300.01	The facility RN did not appropriately delegate to 4 of 4 staff.	3/6/15	KA
4	305.03	The facility RN did not document when residents had changes of condition. Further, the RN did not document the status of residents' wounds.	3/6/15	KA
5	310.04.e	The facility did not provide behavioral updates to physicians regarding residents' psychotropic medications.	3/6/15	KA
6	630.02	Five of 5 staff did not have documented evidence of mental illness training.	3/6/15	KA
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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

**Critical Violations**

**Noncritical Violations**

Establishment Name <i>Rosetta Assisted Living</i>		Operator <i>Ashley Tallon</i>	
Address <i>1919 Hiland</i>		<i>Burley, ID 83318</i>	
County <i>Cassia</i>	Estab #	EHS/SUR#	Inspection time:      Travel time:
Inspection Type:	Risk Category: <i>High</i>	Follow-Up Report: OR On-Site Follow-Up: 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>0</u>	# of Repeat Violations	<u>0</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
(Y) 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>		
(Y) N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) 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>		
(Y) N	5. Clean hands, properly washed (2-301)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Source</b>		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
(Y) N (N/A)	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/A)	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
(Y) N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) N (N/O) (N/A)	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
(Y) N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
(Y) N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
(Y) N (N/A)	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
(Y) 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>		
(Y) N (N/A)	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
<i>Chicken pot pie</i>	<i>302°</i>	<i>Hot - rosbaw</i>	<i>365</i>				
<i>Crack pot</i>		<i>refrigerator</i>					

**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"/>	34. Food contamination	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 28. Water source and quantity	<input type="checkbox"/>	35. Equipment for temp. control	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 29. Insects/rodents/animals	<input type="checkbox"/>	36. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 30. Food and non-food contact surfaces: constructed, cleanable, use	<input type="checkbox"/>	37. Food labeled/condition	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<input type="checkbox"/>	38. Plant food cooking	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 32. Sewage and waste water disposal	<input type="checkbox"/>	39. Thawing	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools	<input type="checkbox"/>	40. Toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Garbage and refuse disposal	<input type="checkbox"/>	<input type="checkbox"/>
						42. Food utensils/in-use	<input type="checkbox"/>	<input type="checkbox"/>
						43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>
						44. Warewashing facility	<input type="checkbox"/>	<input type="checkbox"/>
						45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>
						46. Utensil & single-service storage	<input type="checkbox"/>	<input type="checkbox"/>
						47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>
						48. Specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
						49. Other <i>worn hats &amp; pants</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)**

Person in Charge (Signature) <i>Billy Tallon</i> (Print) <i>Ashley Tallon</i> Title <i>Admin</i> Date <i>2/13/15</i>	Follow-up: (Circle One) <input checked="" type="radio"/> No
Inspector (Signature) <i>Dennis Hirsch</i> (Print) <i>Dennis Hirsch</i> Date <i>2/13/15</i>	



Residential Assisted Living Facility Program, Medicaid L & C  
3232 W. Elder Street, Boise, Idaho 83705  
208-334-6626

Page 2 of 2  
Date 2/13/15

Establishment Name <i>Rosetta Ak. Hiland</i>	Operator <i>Ashley Tallon</i>	
Address <i>1919 Hiland, Burley I.D.</i>		
County/Estab # <i>Cassia</i>	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

5. Staff were not observed washing hands between tasks. COS - Staff instructed on proper handwashing and glove use. Staff observed after washing hands and using gloves for dirty when handling ready to eat foods.

49. The Teflon on pots and pans was chipping off. COS - The pots and pans were removed and replaced with new ones.

Person in Charge <i>Ashley Tallon</i>	Date <i>2/13/15</i>	Inspector <i>Donna Hernandez</i>	Date <i>2/13/15</i>
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