



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 22, 2015

Janet Johnson, Administrator
Pocatello Assisted Living Center
520 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-804

Ms. Johnson:

On March 10, 2015, a state licensure/follow-up and complaint investigation were conducted at Pocatello Assisted Living Center. 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 Rae Jean McPhillips, RN, BSN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Karen Anderson, RN
for

RAE JEAN MCPHILLIPS, RN, BSN
Team Leader
Health Facility Surveyor

RM/sc

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



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March 31, 2015

CERTIFIED MAIL #: 7007 3020 0001 4050 8838

Janet Johnson
Pocatello Assisted Living Center
520 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-804

Ms. Johnson:

Based on the state licensure/follow-up survey and complaint investigation conducted by Department staff at Pocatello Assisted Living Center between March 9, 2015 and March 10, 2015, it has been determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of Pocatello Assisted Living Center 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 **April 24, 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 **April 13, 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.

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 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 **April 9, 2015**.

Three (3) of the fifteen (15) non-core deficiencies cited were identified as repeat punches. Please be aware, any non-core deficiency which is identified on three consecutive surveys will result in a civil monetary penalty.

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, or if any of the repeat non-core punches are identified as still out of compliance, the Department will have no alternative but to initiate an enforcement action against the license held by Pocatello Assisted Living Center.

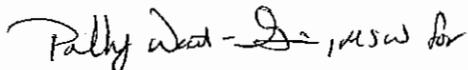
Enforcement actions may include:

- 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.

Janet Johnson
March 31, 2015
Page 3 of 3

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,

A handwritten signature in cursive script that reads "Jamie Simpson" with a stylized flourish at the end.

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

JS/sc

Residential Care/Assisted Living

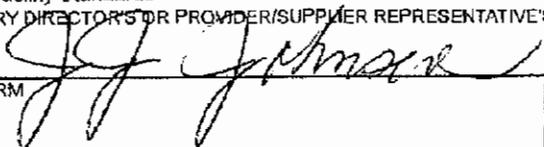
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2015
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NAME OF PROVIDER OR SUPPLIER POCATELLO ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 520 WILLARD AVENUE POCATELLO, ID 83201
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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>Initial Comments</p> <p>The following deficiency was cited during the licensure/follow-up survey and complaint investigation conducted between 3/9/15 and 3/10/15 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Rae Jean McPhillips, BSN, RN Health Facility Surveyor</p> <p>Abbreviations and Definitions:</p> <p>cath = catheter Foley = an indwelling urinary catheter purulent = containing, forming, or discharging pus stoma = a small opening on the surface of the abdomen being surgically created in order to divert the flow of urine. sp or S/P = suprapubic sp catheter = a urinary catheter surgically inserted into the bladder through the abdomen</p>	R 000	<p>The administrator and facility RN are now fully aware of policies and procedure or surgical procedures and will assure patient will be going to skilled nursing for the 21 days before being admitted back to the facility. Prior to readmitting, the facility RN will do an assessment to assure resident is appropriate to come back to the facility.</p>	
R 008	<p>16.03.22.520 Protect Residents from Inadequate Care.</p> <p>The administrator must assure that policies and procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and</p>	R 008		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Admin	(X6) DATE 4-16-15
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STATE FORM 6906 T28211 If continuation sheet 1 of 4

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2015
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NAME OF PROVIDER OR SUPPLIER POCATELLO ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 520 WILLARD AVENUE POCATELLO, ID 83201
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R 008	<p>Continued From page 1</p> <p>interview, it was determined the facility, twice, admitted and retained 1 of 1 sampled residents (Resident #3) without waiting the required 21 days after he had a suprapubic catheter surgically inserted. The findings include:</p> <p>IDAPA 16.02.33.152.05.b documents "No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility. Such residents include: I. A resident who has a...supra-pubic catheter inserted within the previous twenty-one (21) days."</p> <p>According to his record, Resident #3 was a 57 year-old male who was admitted to the facility on 11/10/14 with diagnoses which included neurogenic bladder.</p> <p>A facility nurse assessment, dated 12/3/14, documented the resident had a "foley catheter in place."</p> <p>A hospital discharge note and instructions, dated 12/16/14, documented Resident #3 underwent "Suprapubic catheter placement" on 12/16/14.</p> <p>A home health nurse assessment, dated 12/18/14, documented Resident #3 had a "sp" catheter in place.</p> <p>A physician's order dated 12/30/14, documented instructions on how to care for the "suprapubic catheter." The order was signed by the facility nurse on 12/30/14, and initialed by the facility administrator on 1/5/15.</p> <p>A facility nurse assessment, dated 1/11/15, documented Resident #3's suprapubic surgical site was "reddened with drainage purulent."</p>	R 008	<p>Administrator and RN were unaware of the 21 day rule on an outpatient surgical procedure, during survey we were informed of this rule and were educated by the surveyors. In the event any resident goes in for any surgical procedure, the administrator will make prior arrangements to be placed in skilled nursing when procedure is completed. Upon the 21 days, when resident is able to come back, the administrator and RN will do an assessment to assure that the resident is appropriate to come back to the facility.</p>	continue
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Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2015
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NAME OF PROVIDER OR SUPPLIER POCATELLO ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 520 WILLARD AVENUE POCATELLO, ID 83201
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R 008	<p>Continued From page 2</p> <p>A facility nurse assessment, dated 1/25/15, documented Resident #3 reported his catheter had come out and he didn't tell anyone. The note documented the "stoma" from the suprapubic catheter was "closed" and documented the resident was scheduled to have a new catheter "surgically" inserted.</p> <p>A hospital discharge note and instructions, dated 1/29/15, documented Resident #3 underwent "Suprapubic catheter placement" on 1/29/15. The note was initialed by the facility administrator on 1/30/15, and the facility RN on 2/1/15.</p> <p>A facility nurse note, dated 2/1/15, documented the facility nurse had assessed the "S/P new surgical site."</p> <p>On 3/9/15 at 10:40 AM, Resident #3 stated the first suprapubic catheter "hurt so I pulled it out." he further stated the current catheter "was more comfortable." The resident also stated he returned to the facility on the same day that each of the two catheters were inserted.</p> <p>On 3/10/15 at 11:50 AM, the facility nurse stated Resident #3 had a suprapubic catheter placed while residing in the facility. She stated the resident had "pulled" the catheter out and had a second suprapubic catheter surgically inserted into a new site on his abdomen.</p> <p>On 3/10/15 at 12:10 PM, both the facility nurse and the administrator stated they were not aware that a resident could not be admitted to or retained in the facility for at least 21 days after a suprapubic catheter was inserted. They both confirmed, twice, Resident #3 returned to the facility the same day he had a suprapubic</p>	R 008	<p>Once resident is back in the facility, the facility RN will have an inservice with staff following hospital and skilled nursing discharge instructions. The facility RN will also document in progress notes in addition will fill out and complete the nurses change of condition that was submitted to state last week.</p> <p>RN will continue to do follow up with the administrator and staff to assure proper care of such resident.</p>	
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Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2015
NAME OF PROVIDER OR SUPPLIER POCATELLO ASSISTED LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 520 WILLARD AVENUE POCATELLO, ID 83201		
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R 008	Continued From page 3 catheter surgically inserted. On both 12/16/14 and 1/29/15, the facility admitted and retained Resident #3 after he had a suprapubic catheter surgically inserted, without waiting the required 21 days post surgery. This lead to inadequate care.	R 008	At no time did we have any intentions of neglecting any residents now that we have been informed of this particular policy and procedure. We assure that we will follow the rule precisely. Date completed to be in compliance effective immediately and as of April 24th 2015	

JJ Johnson administered 4-10-15

Facility POCATELLO ASSISTED LIVING CENTER	License # RC-804	Physical Address 520 WILLARD AVENUE	Phone Number (208) 232-2610
Administrator Janet Johnson	City POCATELLO	ZIP Code 83201	Survey Date March 10, 2015
Survey Team Leader Maureen McCann	Survey Type Licensure and Complaint Investigation	RESPONSE DUE: April 9, 2015	
Administrator Signature 	Date Signed 3-10-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	250.10	The facility's hot water exceeded 120 degrees.	4/10/15	Rm
2	260.06	The facility was not maintained in a clean manner, for example: Bathrooms - sinks were chipped, caulking/grout chipped or missing, a liquid soap dispenser was broken, the finish was worn off a toilet seat, handles were loose or broken on the cabinets and there was a rust stain in a shower. Bedrooms - Room #6's window was leaking and there was a build-up of mildew, screens were missing from windows, Room #6's closet door was stuck and the closet door in Room #1 was missing a door knob. General - floor vents were rusted, dented, or broken, ceiling vents were very dusty, the door knob was missing from the pantry door, rooms were dusty (especially around the molding), there were rips in the carpet, the carpet was observed to be wrinkled in several areas, the "tan" kitchen cabinets needed to be cleaned, cabinet hardware was broken or missing and the maintenance closet with cleaning supplies and paint was left unlocked. Outside - several garbage bags full of weeds were observed next to the building, the door to the shed was broken, coffee cans full of cigarette butts were on the porch, a plastic garbage container was used to dispose of cigarette butts, and the eaves in the courtyard was peeling with bare wood showing. ***Previously cited on 6/18/10***	4/10/15	Rm
3	305.03	The facility nurse did not document assessments when Residents #1 and #3 had changes in their conditions.	4/10/15	Rm
4	305.04	The facility nurse did not always make recommendations to the administrator regarding health needs that required follow-up, such as Resident #1's weight loss and onset of seizure like activity.	4/10/15	Rm
5	305.05	The facility nurse did not follow-up on previous recommendations she had made.	4/10/15	Rm
6	305.07	The facility nurse did not monitor Resident #1 for side effects/interactions of his medications.	4/10/15	Rm
7	305.08	The facility nurse did not document her education to staff regarding a resident's urinary catheter.	4/10/15	Rm
8	310.01.a	Medications were stored in an unlocked refrigerator.	4/10/15	Rm
9	310.01.c	The facility did not monitor the temperature of the refrigerator containing medications.	4/10/15	Rm
10	330.03	Resident's information was kept on top of the medication cart.	4/10/15	Rm
11	625.01	5 of 5 employee records did not contain evidence of orientation or infection control training.	4/10/15	Rm
12	640	2 of 5 employee records did not contain evidence of 8 hours of continued training.	4/10/15	Rm



Facility POCATELLO ASSISTED LIVING CENTER	License #. RC-804	Physical Address 520 WILLARD AVENUE	Phone Number (208) 232-2610
Administrator Janet Johnson	City POCATELLO	ZIP Code 83201	Survey Date March 10, 2015
Survey Team Leader Maureen McCann	Survey Type Licensure and Complaint Investigation		RESPONSE DUE: April 9, 2015
Administrator Signature <i>Janet Johnson</i>	Date Signed 3-10-15		

NON-CORE ISSUES

Item #	IDAPA Rule # 16.03.22.	Description	Department Use Only	
			EOR Accepted	Initials
13	711.08.c	Facility staff did not document unusual events or incidents, such as the reasons residents went to the hospital. ***Previously cited on 3/28/13***	4/10/15	Rm
14	711.08.e	Staff did not document when the nurse was notified when residents had changes in their conditions. ***Previously cited on 3/28/13***	4/10/15	Rm
15	711.08.f	The notes from outside care agencies were not contained residents' records.	4/10/15	Rm
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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 <u>Pocantello Assisted Living</u>		Operator <u>Pocantello</u>	
Address <u>520 W. Wood Ave.</u>		Inspection time: _____ Travel time: _____	
County	Estab #	EHS/SUR#	
Inspection Type:		Risk Category:	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	_____
# of Repeat Violations	_____	# of Repeat Violations	_____
Score	<u>1</u>	Score	_____
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"/>
<u>Y</u> N	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 (N/A)	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 N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reservice 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 N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N N/A	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 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
<u>uncooked meats</u>	<u>35</u>						
<u>blanched oven</u>	<u>165</u>						

GOOD RETAIL PRACTICES (input X = not in compliance)

	COS	R		COS	R		COS	R
<input type="checkbox"/> 27. Use of ice and pasteurized eggs	<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"/>	43. Thermometers/Test strips	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 29. Insects/rodents/animals	<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"/>	45. Wiping cloths	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 31. Plumbing installed; cross-connection; back flow prevention	<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"/>	47. Physical facilities	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 33. Sinks contaminated from cleaning maintenance tools.	<input type="checkbox"/>	48. Specialized processing methods	<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>J. Schuster</u> Title <u>Admin</u> Date <u>3-9-15</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>
Inspector (Signature) <u>[Signature]</u> (Print) _____ Date <u>3/10/15</u>	



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

Page _____ of _____
Date _____

Establishment Name <i>Pocatello Assisted Living</i>		Operator
Address <i>520 Villard Ave</i>		<i>Pocatello</i>
County Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#19 - can opener & microwaves were dirty

COS - staff cleaned can opener & microwaves

Person in Charge <i>J. J. Johnson</i>	Date <i>3-9-15</i>	Inspector <i>Chadman McPhail</i>	Date <i>3/10/15</i>
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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
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

March 31, 2015

Janet Johnson, Administrator
Pocatello Assisted Living Center
520 Willard Avenue
Pocatello, Idaho 83201

Provider ID: RC-804

Ms. Johnson:

An unannounced, on-site complaint investigation was conducted at Pocatello Assisted Living Center between March 9, 2015 and March 10, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006898

Allegation: The facility did not repair plumbing leaks under the kitchen sink and behind the washing machine and these areas had developed mold.

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

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

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



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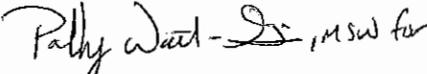
Complaint # ID00006618

Allegation: The facility did not respond appropriately to a complaint that bed bugs were observed in the facility.

Findings: Unsubstantiated.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,


MAUREEN MCCANN, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

MM/sc

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