



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

August 12, 2015

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, Idaho 83201

Provider ID: RC-502

Ms. Thomas:

On June 17, 2015, a state licensure/follow-up survey and complaint investigation were conducted at Quail Ridge Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

MAUREEN MCCANN, RN
Team Leader
Health Facility Surveyor

MM/sc

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



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July 6, 2015

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, Idaho 83201

Provider ID: RC-502

Ms. Thomas:

A state licensure/follow-up survey and complaint investigation were conducted at Quail Ridge Assisted Living between June 15, 2015 and June 17, 2015. 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 **June 17, 2015**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office by July 17, 2015.

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,

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

MM/sc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R502	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2015
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NAME OF PROVIDER OR SUPPLIER QUAIL RIDGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 797 HOSPITAL WAY 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
R 000	<p>Initial Comments</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 licensure/follow-up survey and complaint investigation conducted on 6/15/15 through 6/17/15 at your facility. The surveyors conducting the survey were:</p> <p>Maureen McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p>	R 000		

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

TITLE

(X6) DATE



Facility QUAIL RIDGE ASSISTED LIVING	License # RC-502	Physical Address 797 HOSPITAL WAY	Phone Number (208) 233-8875
Administrator Jodi Thomas	City POCATELLO	ZIP Code 83201	Survey Date June 17, 2015
Survey Team Leader Maureen McCann	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: July 17, 2015	
Administrator Signature	Date Signed		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	One of three staff members did not have the required state police background check completed.		
2	152.05.b.iii	Several residents had bed rails attached to their bed.		
3	305.02	Not all PRN medications were available.		
4	305.03	The facility RN did not document the following assessments: A) Resident #3's heel and head wounds. B) Resident #2's change in condition and wound status. C) Resident #7's change in urine color.		
5	305.08	The facility RN did not make recommendations and train staff to assist Resident #2 with eating and repositioning.		
6	310.01.c	The medication refrigerator temperature exceeded 45 degrees.		
7	310.02	Discontinued or outdated medications had accumulated in the facility for longer than 30 days.		
8	310.04.e	The facility did not complete a six month psychotropic medication review for Resident #6.		
9	320.08	Resident #2's NSA did not reflect the resident's current needs.		
10	451.02	The facility did not offer snacks three times a day.		
11	600.05	The facility administrator did not provide supervision to ensure the following: A) Resident #1's physician's orders were not followed regarding weights and medications. B) Resident #2 received assistance with eating and repositioning as needed. C) An employee, who had not completed a background check, was working unsupervised.		
12	630.01	Three of seven staff did not have documentation of completion of dementia training.		
13	630.02	Two of seven staff did not have documentation of completion of mental illness training.		
14	711.04	There was no documentation the physicians were notified when residents refused care or medications. Further, there was no documentation residents were informed of the consequences of their refusals.		
15	711.08 d	The facility did not document their calls or communication with residents' physicians.		
16	711.08 e	The facility did not document their calls or communication with the RN.		
17	711.11	The facility did not have documentation why residents had not receive medications.		

J. Thomas 6/22/15



Facility QUAIL RIDGE ASSISTED LIVING	License # RC-502	Physical Address 797 HOSPITAL WAY	Phone Number (208) 233-8875
Administrator Jodi Thomas	City POCATELLO	ZIP Code 83201	Survey Date June 17, 2015
Survey Team Leader Maureen McCann	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: July 17, 2015	
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5	305.08	The facility RN did not make recommendations and train staff to assist Resident #2 with eating and repositioning.	7/17/15	MCC
6	310.01.c	The medication refrigerator temperature exceeded 45 degrees.	7/17/15	MCC
7	310.02	Discontinued or outdated medications had accumulated in the facility for longer than 30 days.	7/17/15	MCC
8	310.04.e	The facility did not complete a six month psychotropic medication review for Resident #6.		
9	320.08	Resident #2's NSA did not reflect the resident's current needs.	7/17/15	MCC
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15	711.08 d	The facility did not document their calls or communication with residents' physicians.	7/17/15	MCC
16	711.08 e	The facility did not document their calls or communication with the RN.	7/17/15	MCC
17	711.11	The facility did not have documentation why residents had not receive medications.	7/17/15	MCC



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>Spokane Lodge AL</u>		Operator <u>Jodi Thomas</u>	
Address <u>7th Hospital Way</u>		<u>Pocatello 83201</u>	
County <u>Blaine</u>	Estab#	EHS/SUR#	Inspection time: _____ Travel time: _____
Inspection Type:	Risk Category: <u>high</u>	Follow-Up Report: OR	On-Site Follow-Up: _____ Date: _____

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations	<u>0</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>0</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
<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"/>
	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 <u>N/A</u>	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 <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/A</u>	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 <u>N/O</u> <u>N/A</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N <u>N/O</u> <u>N/A</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N <u>N/O</u> <u>N/A</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N <u>N/A</u>	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 <u>N/A</u>	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>NO (USCHN)</u>	<u>35°</u>	<u>Condensed</u>	<u>176+</u>				
<u>SOUP</u>	<u>37°</u>	<u>SOUP</u>	<u>183+</u>				

GOOD RETAIL PRACTICES (= 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)

Jodi Thomas Dining Service Director 6/16/15
 Person in Charge (Signature) (Print) Title Date
_____ (Signature) (Print) Date
 Inspector (Signature) (Print) Date
 Follow-up: (Circle One) Yes No



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July 6, 2015

Jodi Thomas, Administrator
Quail Ridge Assisted Living
797 Hospital Way
Pocatello, Idaho 83201

Provider ID: RC-502

Ms. Thomas:

An unannounced, on-site complaint investigation was conducted at Quail Ridge Assisted Living between June 15, 2015 and June 17, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00006619

Allegation #1: The facility did not protect residents' rights to have visitors.

Findings: On 6/16/15, the two identified residents' records, the facility incident reports and the facility complaint log were reviewed. There was no documentation that either resident had been denied visitors.

Between 6/15/15 and 6/17/15, fifteen residents, three family members, the administrator, the facility nurse and six caregivers were interviewed. All stated they had not heard of or witnessed any residents being denied visitation.

On 6/16/15 at 9:15 AM, an outside agency staff member stated he had spoken with the identified residents and their families. He stated there had been no violation of residents rights, "just family dynamics."

On 6/16/15 at 11:46 AM, a family member stated the resident's significant other made it uncomfortable for family to visit. However, the family member stated the facility never denied her visitation.

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

Allegation #2: The facility did not report allegations of abuse to Adult Protection.

Findings: On 6/16/15 the following documentation for the identified residents was reviewed:

Jodi Thomas, Administrator

July 6, 2015

Page 2 of 2

- Progress notes for one of the identified residents were missing for July and August of 2014, the time of the alleged abuse.
- There was no documentation regarding either of the identified residents being abused or being abusive.
- There was no documentation in the facility incident reports or the facility complaint log that either of the identified residents had been abused or abusive.

Between 6/15/15 and 6/17/15, fifteen residents, three family members, the administrator, the facility nurse and six caregivers were interviewed. All stated they had not heard of or witnessed either of the identified residents being abused or abusive.

Unsubstantiated. There was no evidence an incident had occurred which required the facility to report to Adult Protection. However, the facility was given technical assistance regarding maintaining progress notes for a minimum of three years.

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,



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

MM/sc

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