



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

December 14, 2015

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
PO Box 177
Spirit Lake, Idaho 83869

Provider ID: RC-807

Mr. Mikesell:

On October 21, 2015, a healthcare licensure and follow-up survey was conducted at Rose Terrace Country Homes, LLC. 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 evidence of resolution and plan of correction 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

Gloria Keathley, LSW
Team Leader
Health Facility Surveyor

GK/sc

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



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P.O. Box 83720
Boise, Idaho 83720-0009
EMAIL: ralf@dhw.idaho.gov
PHONE: 208-364-1962
FAX: 208-364-1888

November 5, 2015

Certified Mail: 7007 3020 0001 4050 9071

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
PO Box 177
Spirit Lake, Idaho 83869

Mr. Mikesell:

A healthcare licensure/follow-up survey and complaint investigation were conducted by Department staff at Rose Terrace Country Homes between October 19, 2015 and October 21, 2015. The facility was cited with a core issue deficiency for failing to protect residents from abuse.

This core issue deficiency substantially limits the capacity of Rose Terrace Country Homes to provide for residents' basic health and safety needs. The deficiency is described on the enclosed Statement of Deficiencies.

PROVISIONAL LICENSE:

As a result of the survey findings, a provisional license is being issued effective 11/5/2015. Please return the license currently held by the facility. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to issue a provisional license:

935. ENFORCEMENT REMEDY OF PROVISIONAL LICENSE.

A provisional license may be issued when a facility is cited with one (1) or more core issue deficiencies, or when non-core issues have not been corrected or become repeat deficiencies. The provisional license will state the conditions the facility must follow to continue to operate. See Subsections 900.04, 900.05 and 910.02 of these rules.

The conditions of the provisional license are as follows:

CONSULTANT:

A licensed residential care administrator consultant, with at least three years' experience working as an administrator for a residential care or assisted living facility in Idaho, shall be obtained and paid for by the facility, and approved by the Department. This consultant must have an Idaho Residential Care Administrator's license and may not also be employed by the facility or the company that operates the facility. The purpose of the consultant is to assist the facility in identifying and implementing appropriate corrections for the deficiencies. Please provide a copy of the enclosed consultant report content requirements to the consultant. The consultant shall be allowed unlimited access to the facility's administrative, business and resident records and to the facility staff, residents, their families and representatives. The name of the consultant with the person's qualifications

shall be submitted to the Department for **approval no later than November 16, 2015.**

CONSULTANT REPORTS:

A weekly written report must be submitted by the Department-approved consultant to the Department commencing on **November 20, 2015.** The reports will address progress on correcting the core deficiency identified on the Statement of Deficiencies as well as the non-core deficiencies identified on the punch list. When the consultant and the administrator agree the facility is in full compliance, they will notify the Department and request a follow-up survey be scheduled. **The consultant will continue visiting the facility weekly and submitting weekly reports until the follow-up survey is completed.**

BAN ON ADMISSIONS:

Ban on all new admissions. Readmission from the hospital will be considered after consultation between the facility, consultant, the resident/family and the Department. The ban on new admissions will remain in effect until the Department has determined that the facility has achieved full compliance with the Department's licensing and certification requirements. The following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) gives the Department the authority to impose a remedy of a limit on admissions:

920. Enforcement Remedy of Limit of Admissions.

02. Reasons for Limit on Admissions. The Department may limit admissions for the following reasons:

a. The facility is inadequately staffed or the staff is inadequately trained to handle more residents.

The ban on admissions shall remain in effect until the Department determines the facility has achieved full compliance with IDAPA 16.03.22.

PLAN OF CORRECTION:

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?

An acceptable, **signed** and **dated** Plan of Correction must be submitted to the Division of Licensing and Certification within **ten (10) calendar days of your receipt of the Statement of Deficiencies.** You are encouraged to immediately develop and submit this plan so any adjustments or corrections to the plan can be completed prior to the deadline.

EVIDENCE OF RESOLUTION:

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 following administrative rule for Residential Care or Assisted Living Facilities in Idaho (IDAPA 16.03.22) describes the requirements for submitting evidence that the non-core issue deficiencies have been resolved:

910. Non-core Issues Deficiency.

Evidence of Resolution. Acceptable evidence of resolution as described in Subsection 130.09 of these rules, must be submitted by the facility to the Licensing and Survey Agency. If acceptable evidence of resolution is not submitted within sixty (60) days from when the facility was found to be out of compliance, the Department may impose enforcement actions as described in Subsection 910.02.a through 910.02.c of these rules.

The twenty (20) non-core issue deficiencies must be corrected and evidence (including but not limited to receipts, pictures, completed forms, records of training) must be submitted to this office by **November 20, 2015**

CIVIL MONETARY PENALTIES

Of the twenty (20) non-core issue deficiencies identified on the punch list, six (6) were repeat punches. One (1) of the repeat deficiencies was cited on both of the two (2) previous surveys, 8/25/2011 and 3/26/2009.

16.03.22260.06 – The facility was not maintained in a safe and orderly manner.

The following administrative rules for Residential Care or Assisted Living Facilities in Idaho give the Department the authority to impose a monetary penalty for this violation:

IDAPA 925. ENFORCEMENT REMEDY OF CIVIL MONETARY PENALTIES.

01. Civil Monetary Penalties. Civil monetary penalties are based upon one (1) or more deficiencies of noncompliance. Nothing will prevent the Department from imposing this remedy for deficiencies which existed prior to survey or complaint investigation through which they are identified. Actual harm to a resident or residents does not need to be shown. A single act, omission or incident will not give rise to imposition of multiple penalties, even though such act, omission or incident may violate more than one (1) rule.

02. Assessment Amount for Civil Monetary Penalty. When civil monetary penalties are imposed, such penalties are assessed for each day the facility is or was out of compliance. The amounts below are multiplied by the total number of occupied licensed beds according to the records of the Department at the time noncompliance is established.

b. Repeat deficiency is ten dollars (\$10). (Initial deficiency is eight dollars (\$8)).

For the dates of July 23, 2015 through October 21, 2015:

Penalty	Number of Deficiencies	Times number of Occupied Beds	Times Number of days of non-compliance	Amount of Penalty
\$10.00	1	13	90	\$11,700

Maximum penalties allowed in any ninety-day period per IDAPA 16.03.22.925.02.c:

# of Occupied Beds in Facility	Initial Deficiency	Repeat Deficiency
3-4 Beds	\$1,440	\$2,880
5-50 Beds	\$3,200	\$6,400
51-100 Beds	\$5,400	\$10,800
101-150 Beds	\$8,800	\$17,600
151 or More Beds	\$14,600	\$29,200

Your facility had 13 occupied beds at the time of the survey. Therefore, your maximum penalty is: \$6,400.

Send payment of \$6,400 by check or money order, made payable to:

Licensing and Certification

Mail your payment to:

**Licensing and Certification - RALF
PO Box 83720
Boise, ID 83720-0009**

Payment must be received in full within 30 calendar days from the date this notice is received. Interest accrues on all unpaid penalties at the legal rate of interest for judgments. Failure of a facility to pay the entire penalty, together with any interest, is cause for revocation of the license.

ADMINISTRATIVE REVIEW

You may contest the provisional license, requirement for a consultant, ban on admission or civil monetary penalty by filing a written request for administrative review pursuant to IDAPA 16.05.03.300, which states: **the request must be signed by the licensed administrator of the facility, identify the challenged decision, and state specifically the grounds for your contention that this decision is erroneous.** The request must be received no later than twenty-eight (28) days after this notice was mailed. Any such request should be addressed to:

**Tamara Prisock, Administrator
Division of Licensing and Certification - DHW
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036**

Upon receipt of a written request that meets the requirements specified in IDAPA 16.05.03.300, an administrative review conference will be scheduled and conducted. The purpose of the conference is to clarify and attempt to resolve the issues. A written review decision will be sent to you within thirty (30) days of the date of the conclusion of the administrative review conference.

If the facility fails to file a request for administrative review within the above specified time period, this decision shall become final.

INFORMAL DISPUTE RESOLUTION

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.

FOLLOW-UP SURVEY

An on-site, follow-up survey will be scheduled after the administrator and consultant submit a letter stating that all deficiencies have been corrected and systems are in place to assure the deficient practices remain corrected. If at the follow-up survey, the core issue deficiency still exists, a new core issue deficiency is identified, non-core deficiencies have not been corrected, or the facility has failed to abide by the conditions of the provisional license, the Department will take further enforcement action against the license held by Rose Terrace Country Homes. Those enforcement actions will include one or more of the following:

- Revocation of the Facility License
- Summary Suspension of the Facility License
- Imposition of Temporary Management
- Continuation of the Ban on Admissions
- Additional Civil Monetary Penalties

Division of Licensing and Certification staff is available to assist you in determining appropriate corrections and avoiding further enforcement actions. Please contact our office at (208) 364-1962 if we may be of assistance, or if you have any questions.

Sincerely,



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

JS/sc

Enclosure

cc: Medicaid Notification Group

CORE ISSUES

Facility	License #	Physical Address	Phone Number
Rose Terrace Country Homes	RC-807	PO Box 177	208-623-6154
Administrator	City	Zip Code	Survey Date
Jeffrey Mikesell	Spirit Lake	83869	10/21/2015
Survey Team Leader	Survey Type		Response Due
Keathley, Gloria	Healthcare Licensure and Follow up		
Administrator Signature	Date Signed		

Item #	Rule	Description
0	.000 Initial Comments	<p>The following core deficiency was cited during the Licensure, follow-up survey and complaint investigation conducted on 10/19/15 through 10/21/15 at your residential care/assisted living facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Leader Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Lisa Bennett, RN Health Facility Surveyor</p>
1	.510 Requirements To Protect Residents From Abuse.	<p>Based on record review and interview, it was determined the facility failed to protect 2 of 2 sampled residents (Residents #2 and #5) and potentially 100% of the residents from sexual abuse. The findings include:</p> <p>Idaho Statue, Title 39, Chapter 53 documents, "Any employee</p>

		<p>of a public or private health facility...who has reasonable cause to believe that a vulnerable adult is being or has been abused...shall immediately report such information to the commission."</p> <p>IDAPA 16.03.22.010.01 documents, "Abuse. The non-accidental act of sexual, physical, or mental mistreatment, or injury of a resident through the action or inaction of another individual."</p> <p>Rose Terrace Country Homes abuse policy and procedure, documented the facility was to "notify the appropriate agencies and to identify, report and investigate the allegations." The policy further documented the facility administrator or administrator designee should report abuse to the appropriate agencies and abuse would be investigated, interventions to prevent recurrence would be implemented and residents would be protected.</p> <p>On 9/1/15, an anonymous complaint was received by Licensing and Certification regarding the facility failing to report an allegation of sexual abuse and failing to protect residents from further abuse.</p> <p>1. According to her record, Resident #5 was an 82 year-old female admitted to the facility, on 1/23/15, with a diagnosis of dementia. The resident was discharged from the facility on 8/21/15.</p> <p>On 10/20/15, Resident # 5's closed record was reviewed. There was no documentation found in the record regarding an allegation or an investigation of sexual abuse. Further, there was no documentation in Resident #5's record the facility had reported the allegation to Adult Protection or law</p>
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		<p>enforcement.</p> <p>On 10/20/15 at 11:25 AM, the house manager stated, she could not recall the exact date Resident #5's family member reported that Resident #5 did "not feel comfortable" with the identified male caregiver. The house manager stated she interviewed Resident #5, who stated a caregiver had "rubbed her on her hip and it did not feel right." She stated she did not feel the resident was making a complaint or an allegation of abuse. The house manager said she thought the resident was uncomfortable because the caregiver was a male, and it was a "generational thing." The house manager stated she changed the shower schedule around so female staff gave the resident her showers. The house manager stated she did not report the incident to the administrator. The house manager further stated, she had not documented the family member's concerns or the resident's allegation.</p> <p>On 10/20/15 between 11:00 AM and 5:00 PM, two caregivers were interviewed. One caregiver stated she recalled Resident #5 mentioning she did not want the identified male caregiver to shower her. The caregiver stated she told the house manager about the resident's concern. Another caregiver stated the shower schedule was changed a few days after Resident #5 complained the identified male caregiver had touched and rubbed her in a way that made her uncomfortable.</p> <p>On 10/20/15 at 4:25 PM, the administrator stated he was not aware of the sexual abuse allegation made by Resident #5 in June 2015 until he began investigating another sexual abuse allegation in August 2015. The second allegation was made by Resident #2 and involved the same identified male caregiver.</p>
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On 10/21/15 at 9:45 AM, a family member stated on 6/29/15, Resident #5 reported to her the identified male caregiver touched her in a way that made her feel very uncomfortable and "was against her religion." The family member stated Resident #5 said she was having trouble going to the bathroom and "she was bent over her bed with her bottom in the air and the male caregiver stuck his finger in her butt." The family member stated she reported the incident to the house manager the same day, who said she would "take care of it." The family member stated the house manager brought her into the office, called the identified male caregiver and put him on speaker phone. The family member heard him state he "put his finger" into Resident #5's "butt." The family member further stated the house manager told her the male caregiver was no longer going to provide care to Resident #5.

Resident #5's family member stated the administrator did not interview her mother until August 14, 2015, after another abuse allegation was made by a different resident. She stated at that time, Resident #5 told the administrator about the June incident involving the same caregiver. She stated the administrator told Resident #5, "You don't want to be accusing someone of something, who was innocent." The family member also stated the house manager called her crying and tried to get her to drop the allegation. The family member stated the second sexual abuse allegation "could have been prevented" if the facility had done something in June 2015.

2. According to her record, Resident #2 was a 103 year-old female, admitted to the facility on 1/11/12, with a diagnosis of dementia.

A "facility note" written by the house manager, and dated 8/13/15, documented Resident #2's family member

		<p>approached her and stated Resident #2 reported the identified male caregiver had sexually assaulted and raped her.</p> <p>An "Incident Report Form," dated 8/14/15, documented the facility administrator investigated an allegation of sexual abuse which took place during the night of 8/13/15. The report documented Resident #2 told him a "male person" had "rubbed her skin" and "inserted their fingers into her sometime during the night." The report also documented the resident told the administrator the "male person" had "taken her hand and put it on his penis." The report further documented the facility administrator interviewed Resident #S, who stated that in June of 2015 the identified male caregiver "stimulated her rectum" and she felt like "his hands were wandering."</p> <p>The "Incident Report Form," documented the facility plan for "prevention/corrective actions" was to "continue to ensure the safety of the residents by continuing to do background checks."</p> <p>On 10/20/15, the identified male caregiver's record was reviewed. The caregiver worked between 5/25/15 and 8/17/15, a total of 74 days without a state police background check as required by IDAPA 16.03.22.009.06.c. Further, the male caregiver worked 56 days after an allegation of sexual abuse was made against him, until a second female made a new allegation of sexual abuse.</p> <p>In June 2015, Resident #5 reported an allegation of sexual abuse by the identified male caregiver. The facility did not report the allegation to adult protection, the police or investigate the allegation per Idaho Statue and the facility's abuse policy. Additionally, the facility did not put a plan in</p>
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		<p>place to protect all residents from further abuse. Two months later, in August 2015, Resident #2 reported another allegation of sexual abuse by the same identified male caregiver.</p> <p>The facility failed to protect Resident's #2, #5 and potentially 100% of the facility's residents from abuse.</p>
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Facility ROSE TERRACE COUNTRY HOMES	License # RC-807	Physical Address 5672 WEST RHODE ISLAND	Phone Number (208) 623-6154
Administrator Jeffery Mikesell	City SPIRIT LAKE	ZIP Code 83869	Survey Date October 21, 2015
Survey Team Leader Gloria Keathley, LSW	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: November 20, 2015	
Administrator Signature <i>Rose Mikesell, Adm Designer</i>	Date Signed 10-21-15		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.06.c	The facility failed to complete the required state police background checks on two of five employees, including an employee who a resident accused of sexual misconduct.	12/8/15	JK
2	159	The facility failed to assure complete, accurate and authenticated records, such as: MARs did not reflect current physician orders, activity sheets were not completed or did not reflect the residents' current level of care needs and there was no documentation why medications were not given.	12/8/15	JK
3	210	The facility did not provide activities to promote residents to maintain and develop their highest potential.	12/8/15	JK
4	350.05	The facility did not notify Adult Protection and law enforcement after an allegation of staff sexual misconduct. ***Previously cited 8/25/11***	12/8/15	JK
5	215.08	The administrator did not investigate an allegation of sexual misconduct and assure residents' safety.	12/8/15	JK
6	215.10	The administrator did not notify Licensing and Certification when a resident eloped from the facility.	12/8/15	JK
7	225.01	The facility did not identify residents' behavioral symptoms.	12/8/15	JK
8	250.10	Hot water temperatures exceeded 120 degrees Fahrenheit. ***Previously cited 8/25/11***	12/8/15	JK
9	250.14	The facility failed to provide an exterior yard that was safe and secure for residents who have cognitive impairments.		
10	260.04.a	The facility did not secure or properly label toxic chemicals.	12/8/15	JK
11	260.06	The facility was not maintained in a safe and orderly manner, such as: The door to the smoking patio was difficult to open and close, several areas of the vinyl/tile floor was torn or missing, there was a strong urine odor in a resident's room, weeds were overgrown in the back yard, vinyl siding was loose or missing, there were scraped areas on doorways and bathroom cabinet doors, ceiling vents had an accumulation of dust, and there was an unfinished floor under the cabinet where a dishwasher was removed. ***Previously cited 3/26/09 and 8/25/11***	12/8/15	JK
12	305.03	The facility nurse did not conduct assessments when residents experienced changes in condition, such as: wounds.	12/8/15	JK
13	350.02	The administrator did not investigate incidents and complaints within 30 days. ***Previously cited 5/25/12***	12/8/15	JK
14	350.07	The administrator did not send reportable incidents to Licensing and Certification. ***Previously cited 5/25/12***	12/8/15	JK



Facility ROSE TERRACE COUNTRY HOMES	License # RC-807	Physical Address 5672 WEST RHODE ISLAND	Phone Number (208) 623-6154
Administrator Jeffery Mikesell	City SPIRIT LAKE	ZIP Code 83869	Survey Date October 21, 2015
Survey Team Leader Gloria Keathley, LSW	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: November 20, 2015	
Administrator Signature <i>Rose G Mikesell, Adm Designer</i>	Date Signed <i>10-21-15</i>		

NON-CORE ISSUES

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
15	600.05	The administrator did not provide adequate supervision of the day to day operations at the facility, such as: he did not intervene immediately after allegation of sexual misconduct occurred or a resident's elopement. Further, he did not review documentation to ensure accuracy. ***Previously cited 5/25/12***	12/8/15	JK
16	625.01	Five of five staff records reviewed did not have documentation of 16 hours of orientation.	12/8/15	JK
17	625.03.I	Five of five staff records reviewed did not have documentation of infection control training.	12/8/15	JK
18	640	Three of five staff records reviewed did not have documentation of 8 hours of continuing education.	12/8/15	JK
19	700.01	Not all documentation included the date, time, name and title of the person making the entry.	12/8/15	JK
20	711.08.c	Care notes did not document unusual events, such as: sexual misconduct and an elopement of a resident.	12/8/15	JK
21	711.08.e	The facility staff did not document notification of the facility nurse when residents experienced a change of condition.	12/8/15	JK
22	725.01	The facility did not maintain an accurate admission and discharge register. error (JK)	12/8/15	JK
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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>Rose Terrace Community Homes</u>		Operator <u>Jeffery H. Koss</u>	
Address <u>3232 W. Elder Street</u>		City/State/Zip <u>Spink Lake 83869</u>	
County <u>Boise</u>	Estab #	EHS/SUR.#	Inspection time: Travel time:
Inspection Type:	Risk Category: <u>high</u>	Follow-Up Report: OR	On-Site Follow-Up:
Date:		Date:	

# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	_____
# of Repeat Violations	<u>1</u>	# of Repeat Violations	_____
Score	<u>2</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	

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

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	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<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"/>
<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"/>
<u>Y</u> <u>N</u> <u>N/A</u>	11. Food segregated, separated and protected (3-302)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> <u>N</u> <u>N/A</u>	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reserve 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"/>
<u>Y</u> N <u>N/A</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
<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"/>
<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/O = not observed
 COS = Corrected on-site
 N = no, not in compliance
 N/A = not applicable
 R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Hot K&A</u>	<u>180+</u>	<u>Apple Sauce</u>	<u>35</u>				
<u>Hot K&A Sausage</u>	<u>150</u>	<u>Mashed Potatoes</u>	<u>36</u>				
<u>Served</u>							

GOOD RETAIL PRACTICES (X = 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)

Person in Charge (Signature) <u>Rose Ann Mitchell</u>	(Print) <u>Rose Ann Mitchell</u>	Title <u>adm</u>	Date <u>10-21-15</u>
Inspector (Signature) <u>Lisa Bennett</u>	(Print) <u>Lisa Bennett</u>	Date <u>10-20-15</u>	Follow-up: (Circle One) <u>Yes</u>



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

Page 2 of 2
Date 10.20.15

Establishment Name <i>Rose Terrace Country Home</i>	Operator <i>Jeffery Mikesell</i>
Address <i>5622 W. Rhode Island</i>	<i>Spirit Lake ID</i>
County Estab # <i>Kootenai</i>	EHS/SUR.# License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11) Eggs over tomato in refrigerator. Tray placed under eggs. Corrected on site.
This is a repeat citation. Previously cited 8.05.11

12) Bleach water sanitizer in spray bottle too strong. Caregiver re-mixed solution and checked with test strip in proper range. Corrected on site.

Person in Charge <i>Rose A. Mikesell Adm</i>	Date <i>10-20-15</i>	Inspector <i>Lisa Bennett</i>	Date <i>10.20.15</i>
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Designer



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

November 05, 2015

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
PO Box 177
Spirit Lake, Idaho 83869

Provider ID: RC-807

Mr. Mikesell:

An unannounced, on-site complaint investigation was conducted at Rose Terrace Country Homes between October 19, 2015 and October 21, 2015. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # 5666

Allegation #1: The facility did not report an allegation of sexual abuse to Adult Protection.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.510 and a non-core deficiency at IDAPA 16.03.22.350.05 for the facility not notifying Adult Protection and law enforcement after a resident made an allegation of sexual abuse by a caregiver. The facility was required to submit a plan of correction within 10 days and evidence of resolution within 30 days.

Allegation #2: The facility did not protect residents after an allegation of abuse was reported.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.510 for not protecting residents from abuse. The facility was required to submit a plan of correction within 10 days.

Allegation #3: The facility did not investigate when an allegation of sexual abuse was reported.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.510 and a non-core deficiency at IDAPA 16.03.22.215.08 for the facility administrator not investigating an allegation after a resident made an allegation of sexual abuse by a caregiver. The facility was required to submit a plan of correction within 10 days and evidence of resolution within 30 days.

Allegation #4: The facility did not investigate and respond to all complaints.

Findings: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.350.02 for the facility administrator not investigating incidents and complaints within 30 days. The facility was required to submit evidence of resolution within 30 days.

Jeffrey Mikesell, Administrator

November 5, 2015

Page 2 of 2

Allegation #5: The facility did not give a resident's medication as ordered.

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

Allegation #6: The facility directed staff to falsify documentation.

Findings: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.600.05 for the facility administrator not reviewing documentation to ensure accuracy. The facility was required to submit evidence of resolution within 30 days.

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,



GLORIA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program
GK/sc

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



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November 05, 2015

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
PO Box 177
Spirit Lake, Idaho 83869

Provider ID: RC-807

Mr. Mikesell:

An unannounced, on-site complaint investigation was conducted at Rose Terrace Country Homes between October 19, 2015 and October 21, 2015. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # 5669

Allegation #1: The facility did not report to Licensing & Certification when residents eloped.

Findings: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.350.07 for not reporting an identified resident's elopement to Licensing and Certification. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not document when residents eloped.

Findings: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.711.08.c for the facility not documenting an identified resident's elopement from the facility. The facility was required to submit evidence of resolution within 30 days.

Allegation #3: The administrator did not conduct an investigation when residents eloped.

Findings: Substantiated. The facility was issued a non-core deficiency at IDAPA 16.03.22.350.02 for the administrator not investigating an identified resident's elopement. The facility was required to submit evidence of resolution within 30 days.

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,

GLORIA KEATHLEY, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

GK/sc

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