



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

March 6, 2008

Susan Dilts, Administrator
S & J Residential Care
170 Red Fir Road
Kooskia, ID 83538

License #: RC-363

Dear Ms. Dilts:

On January 30, 2008, a State Licensure survey was conducted at S & J Residential Care. 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.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facilities Program, at (208) 334-6626.

Sincerely,

RACHEL COREY, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facilities Program

RC/sc

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



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February 6, 2008

Susan Dilts, Administrator
S & J Residential Care
170 Red Fir Road
Kooskia, ID 83538

Dear Ms. Dilts:

On January 30, 2008, a State Licensure survey was conducted at S & J Residential Care. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 29, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R363	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/30/2008
NAME OF PROVIDER OR SUPPLIER S & J RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE ROUTE 1, BOX 61 KOOSKIA, ID 83539		
(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 issue deficiencies were cited during the standard survey conducted at your facility. The surveyors conducting the standard survey were:</p> <p>Rachel Corey, R.N. Team Coordinator Health Facility Surveyor</p> <p>Karen McDannel, R.N. Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name S&J Residential Care	Physical Address 170 Red Fir Rd	Phone Number 926-4482
Administrator Susan Dilts	City Kooskia, ID	ZIP Code 83539
Survey Team Leader Rachel Corey	Survey Type SS	Survey Date 1/30/08

NON-CORE ISSUES

ITEM	RULE	DESCRIPTION	DATE
1	300.01	For 2 of 2 sampled staff records there was no evidence of delegation by the facility R.N to assist with medications or other nursing functions	Km 2/19/08
2	305.02	All prn medications were not available at the facility as ordered (ie standing orders)	Km 2-19-08
3	305.08	A medication aid was not trained in medication disposal.	2-22-08
4	310.01	The facility had a home supply of over-the-counter medications without a variance	Variance 2-20-08
5	310.03	The facility did not have a narcotic log.	2-18-08
6	350.02	The administrator did not complete a written report of an investigation with each incident or accident.	Km 2/11/08
7	350.07	The Licensing and Survey agency was not notified of all reportable incidents (ie resident to resident incident).	Km 2-11-08
8	450.	The facility did not meet the standards of the ID Food Code. Refer to kitchen inspector.	Km 2-12-08

Response Required Date 2-29-08	Signature of Facility Representative Jeanne Hume	Date Signed 1-30-08
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F.05
208 926 4482
JAN-30-2008 04:27 PM S J RESIDENTIAL CARE

P.05
 208 926 4482
 208 926 4482
 JAN-30-2008 04:28 PM S J RESIDENTIAL CARE



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
 P.O. Box 83720
 Boise, ID 83720-0036
 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
 Non-Core Issues
 Punch List

Facility Name <i>S+ Residential</i>	Physical Address <i>170 Red Fir Rd</i>	Phone Number <i>208 926-4482</i>
Administrator <i>Susan Dilto</i>	City <i>Kooskia</i>	ZIP Code <i>83539</i>
Survey Team Leader <i>Rachel Corey</i>	Survey Type <i>Standard Survey</i>	Survey Date <i>1-30-08</i>

NON-CORE ISSUES

ITEM	RULE	DESCRIPTION	DATE
9	625.01	1 of 2 staff records did not have documentation of 16 hours of orientation.	12-13-05 12-03-07 2/27/08
10	630.01a-g	2 of 2 staff did not have evidence of Dementia training to include items a-g.	2-24-08
11	630.02a-h	2 of 2 staff did not have evidence of Mental Illness training to include items a-h.	12-13-05 12-03-07 2-24-08
12	630.03a-i	2 of 2 staff did not have evidence of Developmental Disability training to include items a-i.	2/27/08 2-24-08
13	630.04a-i	2 of 2 staff did not have evidence of Traumatic Brain Injury training to include a-i.	12-13-05 12-03-07 2-24-08 2/27/08

Response Required Date <i>2-29-08</i>	Signature of Facility Representative <i>Jeanne Lemm</i>	Date Signed <i>1-30-08</i>
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