



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

June 23, 2010

FILE COPY

Mary Lewerenz, Administrator
Summer Wind, A Retirement & Assisted Living Community
3131 Elliott Avenue, Suite 500
Seattle, WA 98121

Dear Ms. Lewerenz:

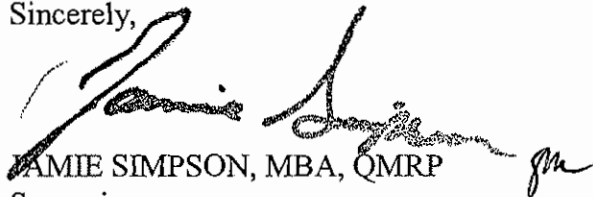
On June 9, 2010, a state relicensure survey was conducted at Summer Wind, A Retirement & Assisted Living Community. The facility was found to be providing a safe environment and safe, effective care to residents.

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 July 9, 2010.

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

Sincerely,



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

JS/sm

Enclosures

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R480	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2010	
NAME OF PROVIDER OR SUPPLIER SUMMER WIND, A RETIREMENT & ASSISTED		STREET ADDRESS, CITY, STATE, ZIP CODE 5955 CASTLE DRIVE BOISE, ID 83703		
(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 Standard Health Care Survey conducted at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Polly Watt-Geier, LMSW Health Facility Surveyor</p>	R 000	<p><i>EOR accepted 7/12/10 MJA</i></p>	

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Summer Wind, A retirement & assisted living community	Physical Address 5955 Cast el Drive	Phone Number 208-331-1300
Administrator Mary Lewerenz	City Boise	Zip Code 83703
Team Leader MATT HAUSER	Survey Type Relicensure	Survey Date 06/09/10

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	.009.01	2 of 10 staff, whose records were reviewed, did not have completed department criminal histories and background checks.	7/12/10 MA	
2	.009.06.c	The facility did not complete State Police background checks as required on 4 of 10 staff.	7/12/10 MA	
3	.215.07	The administrator did not notify Adult Protection for a resident to resident altercation.	OK 7/12/10 MA	
4	.225.	The facility did not have an ongoing Behavior Management Plan to evaluate Resident #7's behaviors. → REPEAT	7/12/10 MA	
5	.225.02	The facility did not have documented interventions to manage Resident #7's behaviors.	7/12/10 MA	
6	.250.13.l	The facility did not have closet dividers in shared rooms.	7/12/10 MA	
7	.300.01	The facility nurse did not document delegation of medication assistance to 1 of 4 caregivers whose records were reviewed.	OK 7/12/10 MA	
8	.305.	The facility RN did not assess the information provided by the LPNs and sign or date the 90 day assessments.	OK 7/12/10 MA	
9	.305.02	The facility nurse did not ensure Resident #7's PRN medications were available and not all orders were present for PRN medications. → Repeat	7/12/10 MA	
		The facility nurse did not clarify Resident #4's lisinopril order and Resident #5's levothyroxine order when new orders were received.	7/12/10 MA	
10	.305.03	Resident #4 wound culture was not clarified to determine the status of the wound.	7/12/10 MA	
11	.310.01.f	A medication cup with pills was observed in a random resident's room after medication pass was completed.	7/12/10 MA	
12	.310.04.e	The facility did not complete a six month psychotropic medication review for Resident #2, #4 and #5.	7/12/10 MA	
13	.630.01.	7 of 10 staff, whose records were reviewed, did not have documentation of dementia training. REPEAT	7/12/10 MA	
14	.630.02	7 of 10 staff, whose records were reviewed, did not have documentation of mental illness training. REPEAT	7/12/10 MA	

Response Required Date 07/09/10	Signature of Facility Representative 	Date Signed 6-9-10
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ASSISTED LIVING

Non-Core Issues

Punch List



IDAHO DEPARTMENT OF
HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION - RALF
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

Facility Name Summer Wind, A retirement & assisted living community	Physical Address 5955 Cast el Drive	Phone Number 208-331-1300
Administrator Mary Lewerenz	City Boise	Zip Code 83703
Team Leader <i>MATT HAUSER</i>	Survey Type Relicensure	Survey Date 06/09/10

NON-CORE ISSUES

Item #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
<i>15</i>	.630.03	7 of 10 staff, whose records were reviewed, did not have documentation of developmental disability training.	<i>7/12/10 MHL</i>	
<i>16</i>	.640	There was no documented evidence of continuing education for 4 of 10 employees.	<i>9/12/10 MHL</i>	
<i>17</i>	.711.01	The caregivers did not document time of behaviors, behavior interventions and the effectiveness of those interventions for resident #7.	<i>7/12/10 MHL</i>	

Response Required Date 07/09/10	Signature of Facility Representative <i>[Handwritten Signature]</i>	Date Signed <i>6-9-10</i>
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Food Establishment Inspection Report

Establishment Name <u>Summerwind</u>		Operator <u>Jim Dewey</u>	
Address <u>5955 Castle Dr</u>		City <u>BOISE</u>	Zip <u>83703</u>
County Estab # <u>ADA</u>	EHS/SUR.#	Inspection time: <u>11AM</u>	Travel time:
Inspection Type: <u>Standard</u>	Risk Category: <u>High</u>	Follow-Up Report: OR Date: _____	On-Site Follow-Up: Date: _____

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

Critical Violations	Good Retail Practices
# of Risk Factor Violations <u>1</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations _____
Score <u>1</u>	Score <u>10</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 Sources		
<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 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 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 Approval 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>Smoked chicken</u>	<u>143</u>	<u>Rice</u>	<u>176</u>	<u>chicken quiche</u>	<u>42</u>		
<u>Brussel sprouts</u>	<u>142</u>	<u>shrimp</u>	<u>41</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. Utensils & 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>[Signature]</u>	(Print) <u>Mary Levens</u> Title <u>MD</u>	Date <u>6-9-10</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Michelle Carr</u> Date <u>6/9/10</u>		



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

Page 2 of 2
Date 6/9/10

Establishment Name Summerwind		Operator Jim Dewey
Address 5455 Castle Dr		
County ADA	Estab # EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

12 Bleach solution did not measure the correct PPM.
Staff corrected on sight by mixing the appropriate
concentration of bleach solution.

Person in Charge 	Date 6/9/10	Inspector 	Date 6/9/10
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