



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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DIVISION OF MEDICAID
Post Office Box 83720
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November 16, 2010

Theresa Wessels, Administrator
Juniper Meadows, Emeritus Properties Ii, Inc.
3131 Elliott Avenue - Suite 500
Seattle, WA 98121

License #: Rc-595

Dear Ms. Wessels:

On August 25, 2010, a State Licensure survey was conducted at Juniper Meadows, Emeritus Properties Ii, Inc. 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 Pinch 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 Maureen A. McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen A. McCann, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

mmc/mmc

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2010
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NAME OF PROVIDER OR SUPPLIER JUNIPER MEADOWS, EMERITUS PROPERTIES	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 JUNIPER DRIVE LEWISTON, ID 83501
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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)	(X6) 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 and follow-up survey conducted on 08/22/2010 through 08/25/2010 at your facility. The surveyors conducting the survey were:</p> <p>Maureen A. McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name <i>Summit Meadows, Enterprise</i>	Physical Address <i>2975 Summit Drive</i>	Phone Number <i>208 746-8176</i>
Administrator <i>Theresa Wassels</i>	City <i>Lewiston</i>	ZIP Code <i>83501</i>
Survey Team Leader <i>Sharon A. McCann</i>	Survey Type <i>License and follow-up</i>	Survey Date <i>25 AUG 10</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
1	225.01	The facility did not clearly identify and evaluate Resident #10's behaviors.	06 OCT 10 <i>mc</i>	
2	225.02	The facility did not provide intervention to address Resident #10's behaviors.	01 OCT 10 <i>mc</i>	
3	260.06	The facility did not maintain the interior in a clean and safe manner. I.E.: A. urine odors noted in rooms 107, 108, 234 & 240. B. multiple large soiled spots noted on carpets throughout the facility. C. Room 113 bathroom linoleum torn. D. No closet door in room 113 and broken closet door in room 112.	OCT 29, 10 <i>mc</i>	
4	300.01	The facility nurse did not assess Resident #10's change of condition when she had a 19# weight loss in April 09 and a 11# weight loss over the last six months. Residents # 1, 2, 3 and 6's 90 day nursing assessments were not completed.	01 OCT 10 <i>mc</i>	
5	300.04	Resident #10 had a significant weight loss in 4/09	01 OCT 10 <i>mc</i>	
Response Required Date <i>2/15/10</i>		Signature of Facility Representative <i>Sharon Wassels</i>	Date Signed <i>8/25/10</i>	



Facility Name <i>Merrill Meadows, Emerton Properties</i>	Physical Address <i>2975 Terrace Dr</i>	Phone Number <i>208 746-8676</i>
Administrator <i>Theresa Wassels</i>	City <i>Lewiston</i>	ZIP Code <i>8301</i>
Survey Team Leader <i>Theresa Wassels</i>	Survey Type <i>Review + follow-up</i>	Survey Date <i>25 AUG 01</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
5	16.03.22	which the facility nurse did not address nor make recommendations to the administrator.		
6	300.05	the facility did not follow-up on dietary changes and interventions put into place on Resident #10's current weight loss or Resident #8's current skin irritation.	01 OCT 10 <i>me</i>	
7	305.02	the facility nurse did not ensure residents' medications were convenient and available as ordered. I.E: A. Resident #2 ⁺ had medications with no orders and orders with no medications. (and #6) B. Resident #7 had multiple orders that needed to be clarified C. Resident #9 had a PRN order given routinely.	01 OCT 10 <i>me</i> 01 OCT 10 <i>me</i> 01 OCT 10 <i>me</i>	
8	305.06	the facility nurse did not address Resident #5's ability to self-medicate.	01 OCT 10 <i>me</i>	
9	320.01	Resident #10's NSA was not updated to reflect weight	01 OCT 10 <i>me</i>	

Response Required Date <i>2/15/10</i>	Signature of Facility Representative <i>Theresa Wassels</i>	Date Signed <i>8/25/10</i>
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Facility Name <i>Sumner Meadows</i>	Physical Address <i>2975 Sumner Drive</i>	Phone Number <i>208-746-8676</i>
Administrator <i>Theresa Messels</i>	City <i>Lewiston</i>	ZIP Code <i>83501</i>
Survey Team Leader <i>Maureen McCann</i>	Survey Type <i>License and follow-up</i>	Survey Date <i>8/25/10</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L & C USE
9	16.03.22	<i>lax interventions</i>		
10	330.03	<i>Residents # 3 and 5's NSAs were not signed and dated by appropriate parties.</i>	<i>01 OCT 10</i> <i>me</i>	
11	335	<i>Resident # 9's Foley catheter bag was observed lying on the floor in her room on 8/23/10 + 8/24/10.</i>	<i>01 OCT 10</i> <i>me</i>	
12	350.02	<i>The administrator did not investigate or follow-up on all complaints</i>	<i>01 OCT 10</i> <i>me</i>	
13	430.06	<i>The facility must provide gloves at no cost to the residents. A sign was observed directing staff to charge private pay residents for gloves.</i>	<i>01 OCT 10</i> <i>me</i>	
14	451.02	<i>The facility did not offer snacks to residents between meals and at bedtime.</i>	<i>01 OCT 10</i> <i>me</i>	
15	451.03	<i>The facility was not appropriately implementing the resident diet for Residents # 5, 7, 8 and 10!</i>	<i>01 OCT 10</i> <i>me</i>	

Response Required Date <i>9/24/10</i>	Signature of Facility Representative <i>Theresa Messels</i>	Date Signed <i>8/25/10</i>
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Food Establishment Inspection Report

Establishment Name <u>Juniper Meadows</u>			Operator <u>Theresa Weasels</u>		
Address <u>7775 Juniper Drive</u>			City <u>Lewiston</u>		Zip <u>83501</u>
County <u>Nez Perce</u>	Estab # <u>20828</u>	EHS/SUR # <u>20828</u>	Inspection time:		Travel time:
Inspection Type: <u>High</u>			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.

Critical Violations		Good Retail Practices	
# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</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	<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 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 (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> (N) (N/O) (N/A)	17. Cooling (3-403)	<input checked="" 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/O) (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input checked="" 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 (3-202.12)	<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>steak</u>	<u>182</u>	<u>French</u>	<u>172</u>	<u>Just</u>	<u>172</u>		
<u>potato</u>	<u>172</u>	<u>Soda</u>	<u>40</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>Theresa Weasels</u> (Print) <u>Theresa Weasels</u> Title <u>E.D.</u> Date <u>8/25/10</u>	Inspector (Signature) <u>Karen Anderson</u> (Print) <u>KAREN Anderson</u> Date <u>8/24/10</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>
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Establishment Name Juniper Meadows	Operator Theresa Wessels
Address 2975 Juniper Dr	
County Estab # Nez Perce 20828	EHS/SUR # License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#17: On 8/24/10 @ 10:00 AM - Observation was made of chili stored in the walk in cooler temperatured 49.1°F. There WAS a date marked 8/23/10. Kitchen staff stated chili was placed cooler after dinner meal.

COS: Dietary manager discarded chili. She stated staff have been trained on proper cooling methods.

#22: On 8/24/10 at 7:45 AM Residents were observed consuming under-cooked eggs.

COS: Dietary manager posted a consumer advisory of risk of eating under cooked eggs.

Person in Charge Theresa Wessels	Date 8/25/10	Inspector Karen Anderson	Date 8/24/10
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