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

November 16, 2010

Jerry Bowlin, Administrator Wedgewood Terrace, Provident Foundation 2114 Vineyard Avenue Lewiston, ID 83501

License #: Rc-588

Dear Ms. Bowlin:

On October 6, 2010, a State Licensure survey was conducted at Wedgewood Terrace-Provident Resources Group, 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 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 Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Karen Anderson

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

Karen Anderson, RN

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 10/06/2010 13R588 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2114 VINEYARD AVENUE WEDGEWOOD TERRACE, PROVIDENT FOUND LEWISTON, ID 83501 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R 000 Initial Comments R 000 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 10/4/10 through 10/6/10 at your facility. The surveyors conducting the survey were: Karen Anderson, RN Team Coordinator Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor Polly Watt - Geier, MSW Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE

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

Reset Form

Print Form

ASSISTED LIVING Non-Core Issues **Punch List**



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

Facility Name Wedgewood Terrace	Physical Address 2114 Vineyard Ave	Phone Number (208) 743-4545
Administrator	City	Zip Code
Jerry Bowlin	Lewiston	83501
Team Leader	Survey Type	Survey Date
Karen Anderson	Licensure and Follow-up	10/06/10

MON CODE ICCLIEC

ltem #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
ī	.225.01	Resident #5 & 7 did not have fully developed BMPs to address all exhibited behaviors.	11-16-10	KA
2	225.02	Interventions were not documented for Resident #5 & 7 behaviors.	11-16-10	
3	250.09	Strong urine orders were present throughout the Stepping Stone unit (Repeat).	11-16-10	KA
Ţ	260.06	The carpet in the Stepping Stone unit had multiple yellow spots (Repeat). Also, a bed cane did not fit properly to the bed frame.	11-16-10	KA
5	305.02	Physician orders for PRN medications were not current for Resident #1 & 3. Resident #'s 3, 4 & 6 did not have all PRNs available.	11-16-10	
5	320.03	The administrator did not sign NSA's for Resident #'s 1, 2, 3, &7 (Repeat).	11-16-10	1
7	350.05	Suspected abuse was not reported to Adult Protection.	11-16-10	
8	350.07	Bruising of unknown origin was not reported to Licensing and Certification for Resident #2 & 3.	11-16-10	
9	711.01. c	The behavior management tracking did not document the effectiveness of the interventions.	11-16-10	
				,
Response I	Required Date	Signature of Facility Representative fund formers	Date Signed 10-6-70	

HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Office of Epidemiology 450 West State Street, Boise, Idaho 83702 208-334-5938

	Critical Viola	tlons	Good Retail Practices	_
	# of Risk Factor Violations		# of Retail Practice Violations	
	# of Repeat Violations	<u>Ø</u>	# of Repeat Violations	
	Score	_	Score	
4	A score greater that or 5 High-risk = m on-site reinspection	andatory	A score greater than 6 Med or 8 High-risk = mandatory on-site reinspection	

				# of Risk Factor		# of Retail Practice	K
Establishment Name	Tenare	Operator	ılın	Violations		Violations	P
Wedgenow)		1 2 4 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		# of Repeat	08	# of Repeat	
Address J VIneya	rd AUC.	City Cursion	8350 ^{Zip}	Violations	<u>(1)</u>	Violations	\rightarrow
County Estab#	EHS/SUR.#	Inspection time:	Travel time:	Score		Score	<u>D</u>
Inspection Type:	Risk Category:	Follow-Up Report: Of	C On-Site Follow-Up:	A score greater th	an 3 Med	A score greater than	6 Med
Stundard	High	Date:	Date:	or 5 High-risk = r on-site reinspection	nandatory	or 8 High-risk = ma on-site reinspection	ndatory
Items marked are violation	ons of Idaho's Food Cod	e, IDAPA 16.02.19, and re	quire correction as noted.	on-and temapedin	,11	on-sic remspection	

		idano's Food Code, ID		0.02,13	,	roquii				<u> </u>					•		
	RIS	SK FACTORS AND	INTI	ERVE	NTIC	ONS :	(Ida	ho Foo	d Code	appl	licable	sectio	ns in p	arent	lieses)		
											at the ins						
	Demons	stration of Knowledge (2	-102)		cos	R					Poter	tially F	azardou	Food	Time/Temperature	cos	R
χN		Accredited Program or Apt responses; or compliant		odo				XN	N/O N						perature (3-401)		
 		mployee Health (2-201)	e will C	oue				XX	N/O N		16. Rehe			ing (3-	401)		
χN		riction and reporting						XN	N/O N N/O N		17. Cooli 18. Hot F					무	
 		ood Hygienic Practices						N X	N/O N	_	19. Cold						旹ㅣ
XΝ		, drinking, or tobacco use	(2-401)					X N	N/O N	_	20. Date			nsition	(3,501)		ᆸᅵ
χ' N		n eyes, nose and mouth (2							N/O N	16	21.Time				ol (procedures/records)		
		inds as a Vehicle of Con	taminat	ion				N Y		<i>እ</i> ጉ	(3-501)	,			" 		<u> </u>
XИ	5. Clean hands, p							XN	N/O N				Consum				
χи	6. Bare hand cont (3-301)	tact with ready-to-eat food	ls/exem _l	ption				×и	N/A		22. Cons (3-603)		-		r undercooked food		
Ϋ́Ν	7. Handwashing f	Facilities (5-203 & 6-301)								\Box					opulations		
/\		Approved Sources		221)				Y N	N/O N	Įά	23. Paste		foods use ods (3-80		dance of		
Y N		from approved source (3-		-201)						+				emica			
 		perature / condition (3-202 fistock tags, parasite destr						χN	N/A		24. Additi	ves / a	proved, ι	ларрг	oved (3-202.12)		
Y N N/A		CP plan (3-202 & 3-203)	400.011,					×Ν			25. Toxic (7-101 th	substa	nces prop	erly ide	entified, stored, used		
		ection from Contamination						 		+	•			Annro	oval Procedures	+ - 1	-
X N N/A		ited, separated and protec		02)				YN	Ŋ/Á								
Y X N/A	Y N N/A 26. Compliance with variance and HACCP plan (8-201)																
Ϋ́N	N 13. Returned / reservice of food (3-306 & 3-801)																
ΧN	14. Discarding / re	econditioning unsafe food	(3-701)								observed rected or				t applicable at violation		
										- 001			OS or R	l	ne violition	24	,
item/i.	ocation	Temp te	m/Loca	ition		Te	mp		item/L	ocatio	on		Temp	l	Item/Location		Temp
1 ma loc		18-1º Autu A					6	Anal	e Struc		•••	L	20		11411124411411		
0/	ccali	1730 F151)			177	10	1/1/	<u> </u>								
171,(21 V	1.011	,				1'. 1	-										
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			cos	R						COS	S R		_			cos	R
27. Use of i	ce and pasteurized	eggs			ū	34. F	ood	contamina	ation	П		ū	42. Foo	od uten	sils/in-use		
28. Water s	ourco and quantity					35. E		ment for t	emp.				43. The	ermome	elers/Test strips		
29. Insects/	rodents/animals					36. F	эегѕо	nal cleani	iness			a	44. Wa	rewast	ning facility		Q,
30. Food ar	d non-food contact	surfaces: constructed,				37. F	ood	labeled/co	ondition	a			45. Wip	ing do	oths		
31. Plumbir prevention	g Installed; cross-co	onnection; back flow															
i	and waste water d	isposal	Q														
☐ 33. Sinks α	intaminated from cle	eaning maintenance tools															
						41. (Sarba Ssal	ige and re	fuse	0			49. Oth	ier			
		OBSE	RVATIO	NS ANI	COR			CTIONS	CONTIN	UED (ON NEXT	PAGE)		,.,			
	, 1							, ¢*									
Person in Charge	25 15 To	77/11	(Print)		,	1 140	i s. Césa	akst	îtle		Date	10	-6	- 6	10		
J//	a Leek	1 B	ine	16	reu	15 -6	y	المية حدد المار إلى	*****	10,		13	1		Follow-up: Y	es Vo	1X_1X1



Food Establishment Inspection Report

Establishment Name Terrue	Operator Bowlin
2117 VINCUARD NUC	
County Estab # EHS/SUR.#	License Permit #

Nez Perce
OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)
12. Bleach solution measured too strong (PPM). The solution was dimped and prepared correctly. Staff were educated on how to prepare the bleach solution with appropriate concentration.
dumped and prepared courcelly. I Staff were educated on how to
Description of the Salatan Anthrope of the Concentration
prepare the Greach solution with appropriate condition.

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Person in Charge Date Inspector Date