November, 2016

Agenda

Into The Unknown

During our last bi-monthly RALF meeting, we (as a group) explored the question: "If you found that you were to become a resident in an Assisted Living Facility, what kind of things would you look forward to, and what might surprise you?" We assembled our lists on a dry-erase board and reviewed them... Some were fun, some were surprising and some were a bit scary. The list I jotted on my own didn't come close to the list assembled by the collective mind and experience of the surveyors . I soon realized that my expectations were rather unrealistic. I had no vision of that future for myself.

Life gets tougher when you can't see what's coming. No one see's their future, but we can understand more of what the future holds by relying upon the collective experience of those who have been there, or experienced what's yet future. Because you work in the field, you each see first-hand the pitfalls and perils that may some day befall us. A tip of the hat to you, serving as the tour guide for the scary and mysterious-because our future is always right in front of us, as persistent as our own reflection in the mirror. We can march out to meet it, or wait until it comes charging to you. It might be scary, but thanks to you, we don't have to walk that path alone. When you provide your residents with a clear expectation and vision of the future, it helps to make things better. After all, who doesn't appreciate a good road map when you're not sure of where you're going.

Residential Care & Assisted Living Newsletter

November, 2016

Agenda

New Food Code

From: Lisa Bennett

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Page 1 of ____

Establishment Name	Number of Risk Factor Violations		Number of GRP Violations	
Address	Number of Repeat Risk Factor Violations		Number of Repeat GRP Violations	
City/Zip/County	TOTAL SCORE		TOTAL SCORE	

Type: Regular □ Preopening □ Epidemiology □ HACCP □

Follow-up □ Enforcement □ Investigation □

□ Follow-up Report (VCR) Date: _____
□ Follow-up Inspection Date: _____
□ Enforcement Date: _____

A score greater than 3 Risk Factor and/or 5 GRP Med OR a score greater than 5 Risk Factor and/or 8 GRP High = Mandatory re-inspection

Risk Category: L M H

Date:

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R

IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable COS=corrected on-site during inspection R=repeat violation

	Compliance Status		COS	R
Supervision (2-102)				
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties		
2	IN OUT N/A	Certified Food Protection Manager		
Employee Health (2-201, 2-501)				
3	IN OUT	Management, food employee and conditional employee; knowledge, responsibilities and reporting		
4	IN OUT	Proper use of restriction and exclusion		
5	IN OUT	Procedures for responding to vomiting and diarrheal event		
Good Hygienic Practices (2-401)				
6	IN OUT N/O	Proper eating, tasting, drinking, or tobacco use (2-401.11)		
7	IN OUT N/O	No discharge from eyes, nose, and mouth 2-401)		
Preventing Contamination by Hands (2-301, 3-301)				
8	IN OUT N/O	Hands clean & properly washed (2-301)		
9	IN OUT N/A N/O	No bare hand contact with Ready-To-Eat (RTE) food or a pre-approved alternative procedure properly allowed		
10	IN OUT	Adequate handwashing sinks properly supplied and accessible		
Approved Source (3-201, 3-202)				
11	IN OUT	Food obtained from approved source		
12	IN OUT N/A N/O	Food received at proper temperature		
13	IN OUT	Food in good condition, safe, & unadulterated		
14	IN OUT N/A N/O	Required records available: shellstock tags, parasite destruction		
Protection from Contamination (3-302, 4)				
15	IN OUT N/A N/O	Food separated and protected		
16	IN OUT N/A	Food-contact surfaces; cleaned & sanitized		

	Compliance Status		COS	R
17	IN OUT	Proper disposition of returned, previously served, reconditioned & unsafe food		
Time/Temperature Control for Safety (3-401, 4-301)				
18	IN OUT N/A N/O	Proper cooking time & temperatures		
19	IN OUT N/A N/O	Proper reheating procedures for hot holding		
20	IN OUT N/A N/O	Proper cooling time and temperature		
21	IN OUT N/A N/O	Proper hot holding temperatures		
22	IN OUT N/A N/O	Proper cold holding temperatures		
23	IN OUT N/A N/O	Proper date marking and disposition		
24	IN OUT N/A N/O	Time as a Public Health Control; procedures & records		
Consumer Advisory 3-603)				
25	IN OUT N/A	Consumer advisory provided for raw/undercooked food		
Highly Susceptible Populations 3-801)				
26	IN OUT N/A	Pasteurized foods used; prohibited foods not offered		
Food/Color Additives and Toxic Substances (3-302)				
27	IN OUT N/A	Food additives: approved & properly used		
28	IN OUT N/A	Toxic substances properly identified, stored, & used		
Conformance with Approved Procedures (3-502)				
29	IN OUT N/A	Compliance with variance/specialized process/HACCP		

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

OBSERVATIONS AND CORRECTIVE ACTIONS

P	Pf	C	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-406.11 and 8-406.11 of the food code.	Correction Date:

Person in Charge (Signature) Date

Inspector (Signature) Date

November, 2016

Agenda

New Food Code

From: Lisa Bennett

Establishment Name _____ Establishment Number _____ Page _____ of _____

GOOD RETAIL PRACTICES

Mark "X" in box if numbered item is **not** in compliance — Mark "X" in appropriate box for COS and/or R — **COS**=corrected on-site during inspection — **R**=repeat violation

			COS	R
Safe Food and Water (3-302)				
30		Pasteurized eggs used where required		
31		Water & ice from approved source		
32		Variance obtained for specialized processing methods		
Food Temperature Control (4-203)				
33		Proper cooling methods used; adequate equipment for temperature control		
34		Plant food properly cooked for hot holding		
35		Approved thawing methods used		
36		Thermometers provided & accurate		
Food Identification (3-302)				
37		Food properly labeled; original container		
Prevention of Food Contamination (6-501)				
38		Insects, rodents, & animals not present		
39		Contamination prevented during food preparation, storage & display		
40		Personal cleanliness		
41		Wiping cloths: properly used & stored		
42		Washing fruits & vegetables		

			COS	R
Proper Use of Utensils (3-304)				
43		In-use utensils: properly stored		
44		Utensils, equipment & linens: properly stored, dried, & handled		
45		Single-use/single-service articles: properly stored & used		
46		Gloves used properly		
Utensils, Equipment and Vending (4-801)				
47		Food & non-food contact surfaces cleanable, properly designed, constructed, & used		
48		Warewashing facilities: installed, maintained, & used; test strips		
49		Non-food contact surfaces clean		
Physical Facilities (5-203, 5-501)				
50		Hot & cold water available; adequate pressure		
51		Plumbing installed; proper backflow devices		
52		Sewage & waste water properly disposed		
53		Toilet facilities: properly constructed, supplied, & cleaned		
54		Garbage & refuse properly disposed; facilities maintained		
55		Physical facilities installed, maintained, & clean		
56		Adequate ventilation & lighting; designated areas used		

OBSERVATIONS AND CORRECTIVE ACTIONS

P	Pf	C	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 and 8-406.11 of the food code.	Correction Date:

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp

Person in Charge (Signature)	Date:
Inspector (Signature)	Follow-up: YES NO (Circle one) Follow-up Date:

Residential Care & Assisted Living Newsletter

November, 2016

Agenda

Less Restrictive Interventions

by: Raj Sandou

Non-pharmacological methods of behavior management

IDAPA rules dictate that facility staff identify and evaluate behavioral symptoms that are distressing to residents or infringe on other residents' rights. The facility is required to develop interventions for these behavioral symptoms that are least restrictive to the resident. Psychotropic or behavior modifying medication intervention must not be the first resort to address behaviors. Facilities should identify non-drug interventions to assist and redirect the residents' behavior before seeking a prescription for psychotropic or behavior modifying medication intervention.

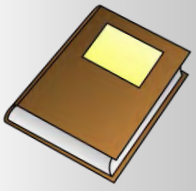
The following are examples of non-drug interventions that facilities could use to manage behavioral symptoms in residents (Sutor, Rummans & Smith, 2001):

Behavior	Potential causes or antecedents	Management strategies
Wandering	Stress – noise, clutter, crowding Lost – looking for someone or something familiar Restless, bored – no stimuli Medication side effect Lifelong pattern of being active or usual coping style Needing to use the toilet Environmental stimuli – exit signs, people leaving	Reduce excessive stimulation Provide familiar objects, signs, pictures, offer to help find objects or place; reassure Provide meaningful activity Monitor, reduce, or discontinue medication Respond to underlying mood or motivation; provide safe area to move about (e.g., secured circular path) Institute toileting schedule (such as every 2 hours); place signs or pictures on bathroom door Remove or camouflage environmental stimuli; provide identification or alarm bracelets

Residential Care & Assisted Living Newsletter

November, 2016

Agenda



Less Restrictive Interventions
Non-pharmacological methods of behavior management

Behavior	Potential causes or antecedents	Management strategies
Difficulty with personal cares	Task too difficult or overwhelming Caregiver impatience, rushing Cannot remember task Pain involved with movement Cannot understand or follow caregiver instructions Fear of task - cannot understand need for task or instructions Inertia, apraxia - difficulty initiating and completing task	Divide task into small, successive steps Be patient, allow ample time, or try again later Demonstrate action or task; allow patient to perform parts of the task that can still be accomplished Treat underlying condition; consider pain medication or physiotherapy; modify or assist the movement needed Repeat request simply; state instructions 1 step at a time Reassure, comfort, distract from task with music or conversation; ask resident to help perform the task Set up task sequence by arranging materials (such as clothing) in the order to be used; help begin the task.
Suspicious ness, paranoia	Forgot where objects were placed Misinterpreting actions or words Misinterpreting who people are; suspicious of their intentions Change in environment or routine Misinterpreting environment Physical illness Social isolation Someone is actually taking something from the patient	Offer to help find; have more than one of same object available; have a list where objects should be placed; learn favorite hiding places Do not argue or try to reason; do not take personally; distract Introduce self and role routinely; draw on old memory, connections; do not argue Reassure, familiarize, set routine Assess vision, hearing; modify environment as needed; explain misinterpretation simply; distract. Evaluate medically Encourage and provide familiar social opportunities Verify the situation

Residential Care & Assisted Living Newsletter

November, 2016

Agenda

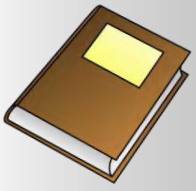
Less Restrictive Interventions
Non-pharmacological methods of behavior management

Behavior	Potential causes or antecedents	Management strategies
Agitation ("sundowning", catastrophic reactions	Discomfort, pain Physical illness (such as urinary tract infection) Fatigue Overstimulation – noise, overheard paging, people, radio, television, activities Mirroring of caregivers' affect Overextending capabilities (resulting in failure); caregiver expectations too high Patient is being "quizzed" (multiple questions that exceed abilities) Medication side effects Patient is thwarted from desired activity (e.g., attempting to escape) Lowered stress threshold Unfamiliar people or environment; change in schedule or routine Restless	Assess and manage sources of pain, constipation, infection, or full bladder; check clothing for comfort Evaluate medically; eliminate caffeine and alcohol Schedule adequate rest; monitor activity Reduce noise, stress; remove from situation; use television sparingly; limit crowding (e.g., dining hallways just before meals) Control affect; model calm with low tone and slow rate; use support system and groups for outlet Do not put in failure-oriented situations or tasks; understand losses and reduce expectations accordingly Avoid persistent testing of memory; post 1 question at a time; eliminate questions that require abstract thought, insight/or reasoning Assess, monitor, and reduce medication if possible; monitor health concerns. Redirect energy to similar activity; ask patient to help with meaningful activity; have diversionary tactics for outbursts; choose battles - assess whether behavior is merely irritating, rather than compromising patient safety or obstructing care Simplify tasks, create calm; lower expectations and demands; avoid arguments and reprimands Be consistent; avoid changes, surprises; make change gradually Plan calming music, massage, or meaningful activities; assign tasks that provide exercise.

Residential Care & Assisted Living Newsletter

November, 2016

Agenda



Less Restrictive Interventions

Non-pharmacological methods of behavior management

Behavior	Potential causes or antecedents	Management strategies
Incontinence	Infection, prostate problem, chronic illness, medication side effect, stress or urge incontinence Difficulty in finding bathroom Lack of privacy Difficulty undressing Difficulty in seeing toilet Impaired mobility Dependence created by socialized reinforcement Cannot express need Task overwhelming	Evaluate medically Place signs, picture on door; ensure adequate lighting Provide for privacy Simplify clothing, use elastic waistbands Use contrasting colors on toilet and floor Evaluate medically, treat associated pain (include physiotherapy); provide a commode, reduce diuretics when possible Provide increased attention for continence rather than incontinence; allow independence when possible, even if time-consuming Schedule toileting (such as every 2 hr. while awake); reduce diuretics and bedtime liquids when possible Simplify; establish step-by-step routine
Sleep disturbance	Illness, pain, medication effect (e.g., causing daytime sleepiness or nocturnal awakening) Less need for sleep Too hot, too cold Disorientation from darkness Caffeine or alcohol effect Hunger, Urge to void Normal age-and disease-related fragmentation of sleep (like that of an infant or toddler) Daytime sleeping Fear of darkness; restless	Evaluate medically Schedule later bedtime; allow activities or tasks safely done at night; plan more daytime exercise Adjust temperature Use night-lights Reduce or eliminate alcohol; limit caffeine after noon Provide nighttime snack Ensure clear, well-lit pathway to bathroom Accept; plan for safety Eliminate or limit naps, provide activity and exercise instead; for naps, use recliner rather than bed Provide soft music, massage, night-light

November, 2016

Agenda

Less Restrictive Interventions
Non-pharmacological methods of behavior management

Behavior	Potential causes or antecedents	Management strategies
Inappropriate or impulsive sexual behavior	Dementia-related decreased judgment and social awareness Misinterpreting caregivers' interaction Uncomfortable – too warm, clothing too tight; need to void; genital irritation Need for attention, affection, intimacy Self-stimulating, reacting to what feels good	Do not overreact or confront; respond calmly and firmly; distract and redirect Do not give mixed sexual message (double entendres and innuendos – even in jest); avoid nonverbal messages; distract while performing personal care, bathing Check room temperature; assist with comfortable weather-appropriate clothing; ensure that elimination needs are met; examine for groin rash, perineal skin problems, stool impaction Increase or meet basic need for touch and warmth; model appropriate touch; offer soothing objects (such as stuffed animals); provide hand or back massage Offer privacy; remove from inappropriate place

Reference:

Sutor, B., Rummans, T.A., & Smith, G.E. (2001). Assessment and management of behavioral disturbances in nursing home patients with dementia. Mayo Clinic Proceedings, 76(5), 540-550.

Residential Care & Assisted Living Newsletter

November, 2016

Agenda

Revisiting Norovirus

By: Polly Watt-Geier

You may have heard about Norovirus on the news, and maybe you did not give it much thought. Yet, Norovirus accounts for 90% of gastroenteritis outbreaks (not caused by bacteria or toxins). The residents and staff of your facility are vulnerable to this highly contagious virus; this article will give you a better understanding of what Norovirus is, how it can be prevented and what you should do if an outbreak is suspected.

When someone is infected with Norovirus, they may refer to it as the "stomach flu" or "food poisoning." It is true that Norovirus can be transmitted via food, yet other viruses, bacteria and chemicals can cause "food poisoning" as well. Norovirus may be referred to as the "stomach flu," yet it is not related to the flu, which is an illness caused by the Influenza virus that causes respiratory symptoms. Norovirus causes gastroenteritis in people, which is an inflammation of the lining of the stomach and intestines. As a result, those infected with Norovirus may experience, nausea, vomiting, diarrhea and stomach cramping. Additionally, but less common, some may experience a low grade fever, chills, muscle aches and a headache. Most people will get suddenly very sick, and then will recover within 1 or 2 days; although, the elderly or those with weakened immune systems are at risk for severe consequences.

Therefore, it is important that facility staff have knowledge of this virus since many of the residents in assisted living are at high risk of having complications.

The CDC estimates that more than 20 million cases of gastroenteritis, caused by Norovirus, occur each year. In other words, one in every 15 people will get this illness each year. It is estimated that 70,000 cases will result in hospitalization and 800 cases will result in death. There is no cure for Norovirus and no vaccine to prevent it, which is why prevention and early identification of an outbreak is essential, especially in an assisted living facility where residents may be more vulnerable than the general population. Additionally, these residents are often in close contact with each other, allowing the viruses to spread rapidly.

Residential Care & Assisted Living Newsletter

November, 2016

Agenda

Revisiting Norovirus

:by Polly Watt-Geier

In order to understand how to prevent Norovirus, it is important to understand how it is transmitted. Norovirus is found in the vomit and stool of infected people. Therefore, you or your residents can get it by:

•Eating or drinking food contaminated with the virus. For example, if someone gets stool or vomit on their hands then touches food or drink that others eat.

•If one touches surfaces or objects contaminated with Norovirus, and then places his/her fingers or hand in his or her mouth, one can become infected.

•If one has direct contact with someone infected, like a caregiver caring for an ill resident.

It is also important to understand that people are contagious from the moment they begin feeling ill until at least three days after recovery. Some people who are asymptomatic may still shed the virus. To make matters worse, Noroviruses can survive varying temperatures, from freezing to 140 degrees F and can withstand relatively high levels of chlorine. Due to the lipid envelope of Noroviruses, alcohols and detergents are often ineffective. It is not surprising then that the viruses can survive up to 12 days on contaminated fabrics and 12 hours on hard surfaces. Not only is the virus hardy, but potent as well. It takes just 20 virus particles to cause an infection!

So what should be done to prevent this highly contagious virus?

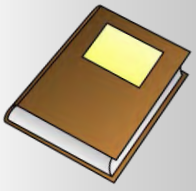
•Remind staff, residents, volunteers and visitors to be more conscientious about hand washing and infection control.

•Carefully wash fruits and vegetables and thoroughly cook oysters and other shellfish before serving them.

•Those with any gastroenteritis symptoms (nausea, vomiting, and diarrhea) should not prepare foods.

November, 2016

Agenda



Revisiting Norovirus

:by Polly Watt-Geier

•Clean and disinfect surfaces which could be contaminated. A bleach-based cleaner should be used according to the product label or a solution can be made using 5 tablespoons to 1.5 cups of bleach per gallon of water.

•Laundry which is contaminated with vomit or stools should be handled so that items are not agitated (to avoid spreading the virus) and should be washed immediately. Wear gloves while handling soiled clothes and wash your hands after handling laundry items.

Even with the best prevention methods, chances are someone within your facility will be infected with Norovirus at some time. What steps should a facility take if Norovirus is suspected? The presence of diarrhea in one or two residents in a large assisted living facility may not be that abnormal, so determining if there is an outbreak can be somewhat subjective. If the presence of more diarrhea or vomiting than would normally be expected is observed within the facility, then an outbreak should be suspected. In other words, if a resident develops gastroenteritis symptoms, then the facility should investigate if others (residents and staff) are ill and begin implementing strict infection control practices.

If a resident is suspected to have Norovirus, your health department or the Office of Epidemiology must be notified within 24 hours.

The Office of Epidemiology is 208-334-5939.

Idaho Public Health Offices:

Panhandle Health (Boundary, Bonner, Kootenai, Benewah & Shoshone Counties).
http://www.phd1.idaho.gov/clinical/commdiseasereport.cfm

Fax the communicable disease reporting form found on the above website to: (208) 772-3920 or 1-866-716-2599.

North Central (Latah, Nez Perce, Lewis & Idaho Counties).

http://idahopublichealth.com/78-community-health/77-infectious-disease

Call (208) 799-3100 or 1 -866-736-6632

Southwest District (Adams, Washington, Payette, Gem, Canyon & Owyhee Counties).

http://www.swdh.org/contact-us.asp

Call (208) 455-5300

Central District (Valley, Ada, Boise & Elmore Counties)

November, 2016

Agenda

Revisiting Norovirus

:by Polly Watt-Geier

http://www.cdhd.idaho.gov/CD/pros/reportingcd.htm

Call (208) 334-5939 or after hours 1-800-632-8000.

South Central (Camas, Blaine, Gooding, Lincoln, Jerome, Minidoka, Twin Falls & Cassia Counties).
http://www.phd5.idaho.gov/Providers/Reporting.htm

Call 1-800-632-5927 to report 24 hours a day. If need immediate assistance, call (208) 334-5939 or 1-800-632-8000.

Southeastern (Butte, Bingham, Power, Bannock, Caribou, Oneida, Franklin & Bear Lake Counties).
http://www.sdhdidaho.org/hpro/epi_comm.php

Call 1-800-632-5927.

Eastern (Lemhi, Custer, Clark, Fremont, Jefferson, Madison, Teton & Bonneville).
http://www.phd7.idaho.gov/Infectious%20Disease/infectiousdiseasemain.html

Call 208-533-3140 or 208-533-3142

When Norovirus is suspected and your local health department or the Office of Epidemiology has been notified, immediately implement outbreak control interventions. Follow instructions from your local health department and consider implementing the following, if an outbreak is suspected:

Staff:

- **Ill staff should be excluded from work until at least two days after diarrhea and vomiting have stopped, even if they are feeling better sooner.**
- **If your facility is large, staff should not float from one wing area to another.**
- **Disposable gloves and gowns should be used when caring for ill residents. When cleaning up vomit or feces, face masks should be worn.**
- **Consider scheduling a meeting to review infection control measures with staff.**

Residential Care & Assisted Living Newsletter

November, 2016

Agenda

Revisiting Norovirus

:by Polly Watt-Geier

Residents:

- **Ill residents should be placed on contact precautions.**
- **Ask ill residents to remain in their rooms as much as possible until at least two days after symptoms subside.**
- **Ask staff to make an effort to decrease ill residents' feelings of isolation.**
- **Consider having family members call residents frequently if able.**
- **Consider limiting group activities.**
- **If your facility is large, residents should not be moved from an affected area to an unaffected area.**
- **If possible, maintain the same staff to resident assignments.**
- **Encourage fluid intake to prevent dehydration.**
- **Monitor residents for dehydration symptoms, such as decreased urination, sunken eyes, dry mouth and tongue, and dizziness when standing. Notify the doctor and the facility RN of any concerns.**
- **If a resident is transferred to the hospital, notify the hospital of suspected Norovirus.**

Facility:

- **Consider halting new admissions until the outbreak is over.**
- **Follow your infection control policy and clean bathroom and common areas more frequently with appropriate bleach solution (5 tablespoons to 1.5 cups of bleach per gallon of water) or hospital - grade disinfectant.**
- **Common use medical equipment, such as blood pressure cuffs should be disinfected between residents.**
- **Flush vomit or feces in toilets immediately.**
- **Soiled linen should be handled as little as possible and laundered in hot water and machine dried.**
- **Consider posting signs that the facility is experiencing an increase in gastrointestinal illness to alert visitors. Encourage visitors and volunteers to wash their hands while in the facility.**
- **Symptomatic visitors should be asked to avoid visitation.**

Residential Care & Assisted Living Newsletter

November, 2016

Agenda

Revisiting Norovirus

While spring is on its way, Norovirus can strike at any time. Therefore, do not wait until an outbreak occurs to arm yourself and your staff with knowledge!

For further information:

- **http://www.cdc.gov/Features/Norovirus/**
- **http://www.cdphe.state.co.us/dc/Epidemiology/Norovirus%20guildlines2006.pdf**
- **http://www.mayoclinic.com/health/norovirus/DS00942**
- **http://en.wikipedia.org/wild/Norovirus**

November, 2016

Agenda

Conclusion

The trees have turned a cacophony of colors as a chill fills the air. The holidays are at hand, and it's that time of year again... it's Annual Review season. (I'll wait while you slow applaud-golf style.)

Each year, Shane takes on the Annual Review project, and it's a safe bet he spends an extra 100 hours working it before it's done. So this year, he asked me to make the phone calls and check on everyone. I started at the top of the list (yes, that's you Aarenbrook), and I worked my way to the bottom (shout-out to You're at Home). I ended up talking to at least someone (Owner, Administrator or Employee) at each and every facility in Idaho...some of you, several times! At the end of the day, I wanted to thank you. As a whole, you're a hard-working group of people who were a pleasure to talk to. I received loads of feedback on the process, and some of it was really insightful. While I don't see us going back to paper anytime soon, I do see us implementing some of your feedback next year.

As many of you noticed, it was way easier this year....and way harder. I guess it depends on your viewpoint of the relentless march into technology. Most of you blasted through it in mere moments, and more than once, I received comments that it was easy. A few of you don't necessarily like computers and what they entail, but I appreciate that no one flat-out filibustered me on the subject. As a group, you all did great. This year, everyone got their Annual Report completed by the hard cut-off date.

'So what's next', you ask? Sometime near December 28th, we will be mailing out the hard-copy of your 2017 license. Please don't hesitate to ask if you have any questions, we're happy to help.

PS- The Annual Review process is very similar to a lot of the online tasks you handle from day to day. If you every need help, or just have a question...or daresay, a suggestion, we would love to hear it. Our phone number is 208-364-1962.