



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

TAMARA PRISOCK – ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON – PROGRAM SUPERVISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

February 11, 2013

Lisa Cahill, Administrator
The Arc - Basil Celany
4402 Albion Street
Boise, ID 83705

License #: RC-327

Dear Ms. Cahill:

On January 3, 2013, a State Licensure and Follow-up survey was conducted at Basil Celany Living Center. 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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



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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
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January 4, 2013

Lisa Cahill, Administrator
The Arc
4402 Albion Street
Boise, ID 83705

Dear Ms. Cahill:

A State Licensure survey was conducted at Basil Celany Living Center between 01/02/2013 and 01/03/2013. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities (RALF) in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

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, on **01/03/2013**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

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

JS/gk

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2013
NAME OF PROVIDER OR SUPPLIER BASIL CELANY LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2712 IRENE STREET BOISE, ID 83702		
(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 licensure and follow-up survey conducted on 01/02/2013 through 01/03/2013 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X8) DATE

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



Facility Name Basil Celany Living Center	Physical Address 2712 Irene St	Phone Number 208-342-5381
Administrator Lisa Cahill	City Boise	ZIP Code 83702
Survey Team Leader Gloria Keathley	Survey Type Licensure/follow-up survey	Survey Date Jan. 3, 2013

NON-CORE ISSUES

~~PAGE 1 OF 2~~

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	260.06	The facility was not maintained in a clean and orderly manner. Such as: 1) Several resident refrigerators had spilled food/liquids inside. 2) The main oven had grease and food debris build-up inside. 3) Resident #3's room had cobwebs on wall/ceiling; floors had food and lint debris build-up. 4) The flooring in several residents' rooms had dust, lint debris built-up. Lint build-up was observed behind the 2 washers and 2 dryers in the laundry room 5) The bathroom in a random resident's room, had vinyl pulled up along the tub, the wall board above the shower stall was damaged, the shower stall was dirty. 6) The closet door handle in resident room #4 was very loose.	2-7-13 <i>gr</i>	
2	305.02	1) Resident #3's record did not contain signed current physician's orders. 2) The facility nurse did not ensure Resident #3's physician's orders were congruent with the medication container labels, or that the resident was receiving medication as written by the physician.	2-4-13 <i>gr</i>	
3	350.04	The facility administrator did not respond to a resident's complaint within 30 days.	2-4-13 <i>gr</i>	
4	630.02	5 of 5 staff did not receive mental illness specialized training.	2-4-13 <i>gr</i>	
5	730.02	The facility did not maintain an "as worked" staff schedule for 3 years, nor did the current schedule contain the first and last name or title of each staff.	2-4-13 <i>gr</i>	
Response Required Date Feb. 2, 2013	Signature of Facility Representative <i>Nicole Lamy</i>		Date Signed 1/3/13	



IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Date 1/2/13 + 1/3/13 Page 2 of 2

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

Critical Violations

Noncritical Violations

Establishment Name: Basic Colony Living
Address: 2727 Fremont St
County: ADA
Inspection Type: Risk Category: high
Follow-Up Report: OR On-Site Follow-Up

Table with 2 columns: Critical Violations, Noncritical Violations. Rows include # of Risk Factor Violations, # of Repeat Violations, Score, and reinspection requirements.

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.

Table with 4 columns: Y/N, Description, COS, R. Rows include 1. Certification by Accredited Program, 2. Exclusion, 3. Eating, tasting, drinking, 4. Discharge from eyes, nose and mouth, 5. Clean hands, 6. Bare hand contact, 7. Handwashing facilities, 8. Food obtained from approved source, 9. Receiving temperature, 10. Records, 11. Food segregated, 12. Food contact surfaces clean, 13. Returned / reservice, 14. Discarding / reconditioning unsafe food.

Table with 4 columns: Y/N, Description, COS, R. Rows include 15. Proper cooking, 16. Reheating for hot holding, 17. Cooling, 18. Hot holding, 19. Cold Holding, 20. Date marking and disposition, 21. Time as a public health control, 22. Consumer advisory, 23. Pasteurized foods used, 24. Additives / approved, 25. Toxic substances, 26. Compliance with variance and HACCP plan.

Y = yes, in compliance; N/O = not observed; COS = Corrected on-site; N = no, not in compliance; N/A = not applicable; R = Repeat violation; X = COS or R

Table with 8 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes handwritten notes: Apple sauce - 41.3, 41.3

GOOD RETAIL PRACTICES (X = not in compliance)

Table with 4 columns: COS, R, Description, COS, R. Rows include 27. Use of ice and pasteurized eggs, 28. Water source and quantity, 29. Insects/rodents/animals, 30. Food and non-food contact surfaces, 31. Plumbing installed, 32. Sewage and waste water disposal, 33. Sinks contaminated, 34. Food contamination, 35. Equipment for temp control, 36. Personal cleanliness, 37. Food labeled condition, 38. Plant food cooking, 39. Thawing, 40. Toilet facilities, 41. Garbage and refuse disposal, 42. Food utensils/in-use, 43. Thermometers/Test strips, 44. Warewashing facility, 45. Wiping cloths, 46. Utensil & single-service storage, 47. Physical facilities, 48. Specialized processing methods, 49. Other.

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) [Signature], (Print) Nicole Lamy, Title [Title], Date 1/13/13
Inspector (Signature) [Signature], (Print) [Name], Date 1/3/13
Follow-up: (Circle One) Yes No



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

Page 2 of 2
Date 1/3/13

Establishment Name Basil Colony Living ^{CTR}		Operator Lisa Cahill	
Address 2712 Thera St		Boise 83702	
County ADA	Estab #	EHS/SUR #	License Permit #

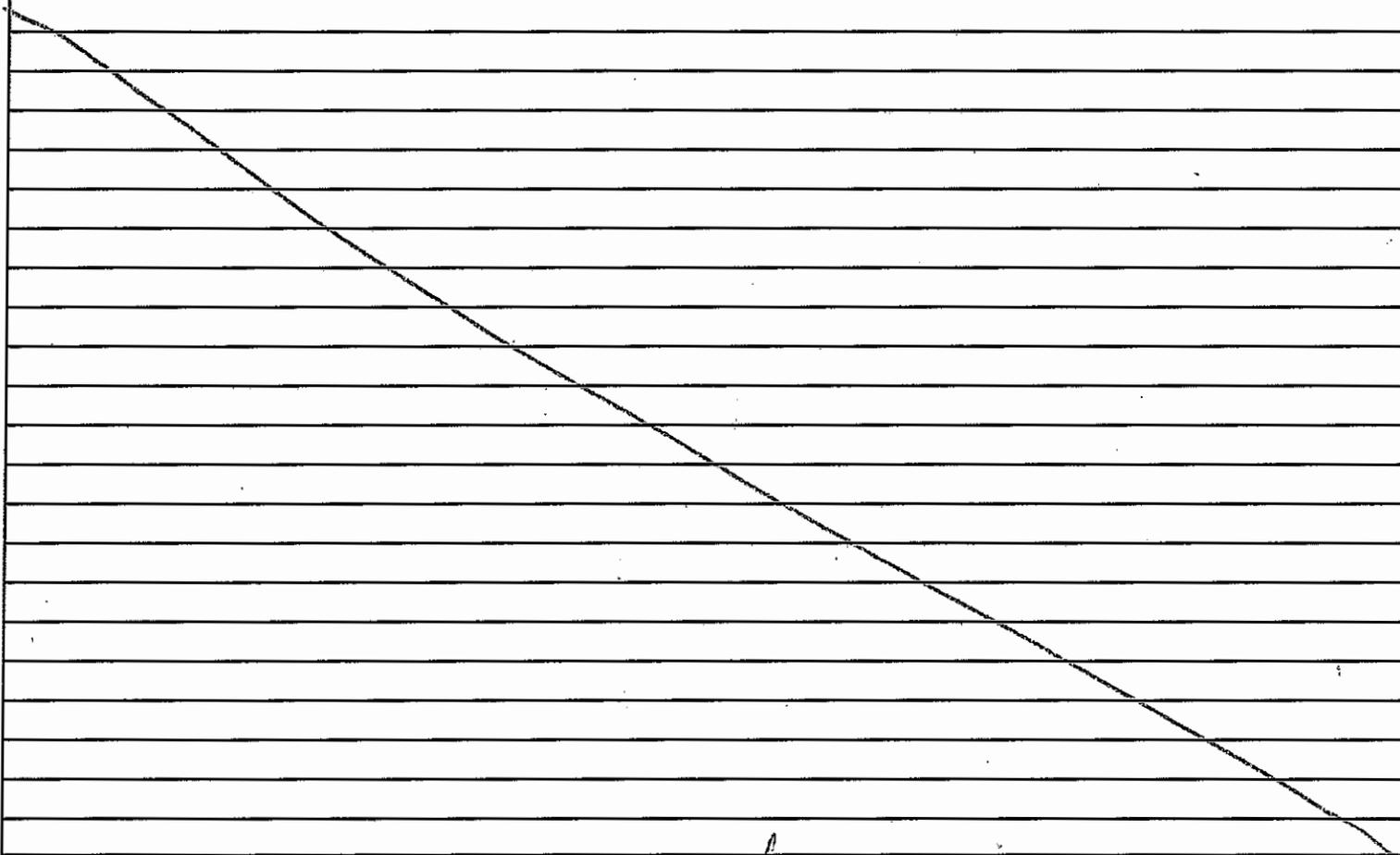
OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

14. A container of an unknown cream colored substance, not dated, in refrigerator had a foul odor when the container was opened.

COS: Discarded by staff.

45. A dish cloth and spice ball had a foul odor evident when standing next to the dish cloth they were sitting in.

COS: Discarded by staff.



Person in Charge Michelle Fox, Director of Programs	Date	Inspector [Signature]	Date 1/3/13
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