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

March 18, 2013

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

License #: RC-238

Dear Ms. Cahill:

On January 3, 2013, a State Licensure survey was conducted at Hettinger 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rachel Corey, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

rc/rc

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

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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 Hettinger Living Center between 1/02/2013 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,

for

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

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R238	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 01/03/2013
NAME OF PROVIDER OR SUPPLIER HETTINGER LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 217 RUBY STREET BOISE, ID 83705		

(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	Initial Comments 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 1/02/13 through 1/03/13 at your facility. The surveyors conducting the survey were: Rachel Corey, RN Team Coordinator Health Facility Surveyor Matt Hauser, QMRP Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

Reset Form | Print Form

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

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Hettinger Living Center	217 Ruby St.	208-345-8017
Administrator	**City**	**Zip Code**
Lisa Cahill	Boise	83705
Team Leader	**Survey Type**	**Survey Date**
Rachel Corey	Licensure and Follow-up	01/03/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	221.01.a	The admission agreement for 3 of 3 sampled residents did not allow for a 30 day discharge notice.	2/5/13 RC	
2	225.01	The facility did not evaluate Resident #3's behaviors.	2/5/13 RC	
3	225.02	The facility did not develop interventions for Resident #3's behaviors.	2/5/13 RC	
4	305.04	The facility RN did not evaluate Resident #3's weight loss and make recommendations.	3/18/13 RC	
5	305.06.a	The facility RN did not assess Resident #1's ability to self-administer medication during times when certified medication aides were not	2/5/13 RC	
		available to assist, such as while at day treatment.		
6	310.01	Resident #2's over-the-counter medications were in bulk containers.	2/5/13 RC	
7	310.04.e	The facility did not document behavior updates to Resident #1's physician for psychotropic medication reviews.	3/18/13 RC	
8	335.03	Paper towels were not present in common bathrooms to permit proper hand washing procedures.	2/5/13 RC	
9	350.02	The administrator did not document an investigation of incidents and accidents.	2/20/13 RC	
10.	711.08.d	There were no care notes documenting calls the residents' physicians, such as when Resident #3 experienced weight loss.	2/20/13 RC	
11	711.08.e	There were no care notes documenting calls to the facility nurse for changes of condition.	3/6/13 RC	
12	730.02	The facility did not have a work record maintained for the last three years to include the first and last names of the employees on duty at	2/5/13 RC	
		any given time.		

Response Required Date	Signature of Facility Representative	Date Signed
02/02/13	Nicole Sang	1/3/13

Date 1/3/13 Page 1 of 1

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

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

Establishment Name: Hettinger Living	Operator: Lisa Cahill
Address: 417 Bibly St	
County: Ada; Estab #: ; EHS/SUR.#:	Inspection time: 11 AM; Travel time:
Inspection Type: Standard; Risk Category: High	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	Noncritical Violations
# of Risk Factor Violations: Ø	# of Retail Practice Violations: Ø
# of Repeat Violations:	# of Repeat Violations:
Score: Ø	Score: Ø
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.

		COS	R
	Demonstration of Knowledge (2-102)		
☒ N	1. Certification by Accredited Program, or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
☒ N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
☒ N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
☒ N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
☒ N	5. Clean hands, properly washed (2-301)	☐	☐
☒ N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
☒ N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
☒ N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
☒ N	9. Receiving temperature / condition (3-202)	☐	☐
Y N ☒ N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	☐	☐
	Protection from Contamination		
☒ N N/A	11. Food segregated, separated and protected (3-302)	☐	☐
☒ N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
☒ N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
☒ N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

		COS	R
	Potentially Hazardous Food Time/Temperature		
Y N ☒ N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
Y N ☒ N/O N/A	16. Reheating for hot holding (3-403)	☐	☐
Y N ☒ N/O N/A	17. Cooling (3-501)	☐	☐
Y N ☒ N/O N/A	18. Hot holding (3-501)	☐	☐
☒ N N/O N/A	19. Cold Holding (3-501)	☐	☐
☒ N N/O N/A	20. Date marking and disposition (3-501)	☐	☐
Y N N/O ☒ N/A	21. Time as a public health control (procedures/records) (3-501)	☐	☐
	Consumer Advisory		
Y N ☒ N/A	22. Consumer advisory for raw or undercooked food (3-603)	☐	☐
	Highly Susceptible Populations		
Y N N/O ☒ N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	☐	☐
	Chemical		
Y N ☒ N/A	24. Additives / approved, unapproved (3-207)	☐	☐
☒ N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	☐	☐
	Conformance with Approved Procedures		
☒ N N/A	26. Compliance with variance and HACCP plan (8-201)	☐	☐

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
hum	39	Chile verde sauce	42				
bologni	43	Refrigerator					

GOOD RETAIL PRACTICES (☒ = not in compliance)

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

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): Jennie Bowmot (Print) Jennie Bowmot HM Date 1-3-13

Inspector (Signature): [signature] (Print) Rachel Cory Date 1/3/13

Follow-up: (Circle One) Yes No