IDAHO DEPARTMENT OF HEALTH & WELFARE

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

February 17, 2011

Jeffrey Mikesell, Administrator
Rose Terrace Cottages
1821 East Sherman Avenue - Suite 5
Coeur D'Alene, ID 83814

License #: Rc-855

Dear Mr. Mikesell:

On January 12, 2011, a Complaint Investigation and State Licensure survey was conducted at Rose Terrace Cottages. 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 Rae Jean McPhillips, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips, RN

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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January 20, 2011

Jeffrey Mikesell, Administrator
Rose Terrace Cottages
1821 East Sherman Avenue - Suite 5
Coeur D'Alene, ID 83814

Dear Mr. Mikesell:

On January 12, 2011, a State Licensure survey and a Complaint Investigation were conducted at Rose Terrace Cottages. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

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. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 11, 2011.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Rae Jean McPhillips, RN

Rae Jean McPhillips, RN, BSN
Team Coordinator
Health Facility Surveyor
Residential Assisted Living Program

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R855	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED C 01/12/2011
NAME OF PROVIDER OR SUPPLIER ROSE TERRACE COTTAGES	STREET ADDRESS, CITY, STATE, ZIP CODE 632 NORTH 21ST STREET COEUR D'ALENE, ID 83814		

(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, follow-up, and complaint survey conducted 1/10/11 through 1/12/11 at your facility. The surveyors conducting the survey were: Rae Jean McPhillips, RN Team Coordinator Health Facility Surveyor Rachel Corey, RN 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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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
Rose Terrace Cottages	632 North 21st Street	208-665-0580
Administrator	**City**	**Zip Code**
Jeff Mikesell	Coeur d' Alene	83814
Team Leader	**Survey Type**	**Survey Date**
RaeJean McPhillips	Licensure, Follow-up and Complaint	01/12/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	250.10	Water temperatures measured greater than 120 degrees. ***Repeat***	2/15/11 rm	
2	250.13.l	Closets in residents' rooms did not have doors. Additionally, not all shared closets had dividers.	2/17/11 rm	
3	300.02	The RN did not ensure that all dietary orders were implemented or were clarified.	2/15/11 rm	
4	305.02	Resident #7 did not have physician's orders for medications.	2/15/11 rm	
5	305.03	The nurse did not document her follow-up when notified of residents' changes in medical or mental status.	2/15/11 rm	
6	310.04.e	Residents #2 & 6 did not have a current psychotropic medication reviews in their records.	2/15/11 rm	
7	320	Resident #7 did not have an interim care plan.	2/15/11 rm	
8	320.01	Residents #1 & 6s' NSAs did not include outside services and current diets. Additionally, the NSAs for Residents #s 1, 2, 3, 4, 5, & 6 did not	2/15/11 rm	
		provide adequate instructions on how to provide cares or manage residents' behaviors, such as hallucinations, urinating in inappropriate		
		places and refusals of showering or other cares.		
9	705.02	Resident #7 did not have an admission agreement.	2/16/11 rm	
10	711.04	There was no documentation of Residents # 2, 3, 5 & 6 were notified of the consequences of their refusal to follow their recommended	2/15/11 rm	
		diet or that their physicians were notified.		

Response Required Date	Signature of Facility Representative	Date Signed
02/11/11	Rose Ann Mike, Adm Design	1-11-11

Date 1-11-11 Page 1 of 2

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Establishment Name: Rose terrace Cottages	Operator: Jeffrey Mikesell
Address: 632 N 31st St	
County: Kootenai; Estab #: ; EHS/SUR.#:	Inspection time: 11AM; 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.

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

		COS	R
	Potentially Hazardous Food Time/Temperature		
X Y N N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
X N N/O N/A	16. Reheating for hot holding (3-403)	☐	☐
Y X N N/O N/A	17. Cooling (3-501)	☐	☐
X N N/O N/A	18. Hot holding (3-501)	☐	☐
X N N/O N/A	19. Cold Holding (3-501)	☐	☐
X Y N N/O N/A	20. Date marking and disposition (3-501)	☐	☐
Y N N/O X N/A	21. Time as a public health control (procedures/records) (3-501)	☐	☐
	Consumer Advisory		
Y N X N/A	22. Consumer advisory for raw or undercooked food (3-603)	☐	☐
	Highly Susceptible Populations		
Y N N/O X N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	☐	☐
	Chemical		
Y N X N/A	24. Additives / approved, unapproved (3-207)	☐	☐
X N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	☐	☐
	Conformance with Approved Procedures		
Y N X 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
tuna tot casserole #1	58°	Chicken Fridge #1	42.3	chicken oven #1	181°	chicken oven #3	198
yogurt #1	40.8	Broccoli - Stove #1	172°	Mashed potatoes #1	157°	potatoes #3	160

tuna casserole #1 40.7 tator tot casserole #1 65° tator tot casserole #3 68

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): [signature]	(Print):	Title:	Date: 1/11/11
Inspector (Signature): [signature]	(Print): Rachel Lowe	Date: 1/11/11	Follow-up: (Circle One) Yes / No

IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Food Protection Program, Division of Health
450 W. State Street, Boise, Idaho 83720-0036
208-334-5938

Date 1-11-11

Establishment Name	Operator
Rose Terrace Cottages B	Jeffrey Mikesell
Address: 632 N 21st St	
County Estab # / EHS/SUR.#: Kootenai	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

17. Tatortot casserole prepared by the night shift measured 58° at 11:15 AM (was placed in refridgerator at 4 AM). Staff discarded the casserole. An inservice was conducted with staff on proper cooling techniques.

Person in Charge	Date	Inspector	Date
[illegible]	1-11-11	[illegible]	1/11/11

CFP00-02-02

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January 31, 2011

Jeffrey Mikesell, Administrator
Rose Terrace Cottages
1821 East Sherman Avenue - Suite 5
Coeur D'Alene, ID 83814

Dear Mr. Mikesell:

An unannounced, on-site complaint investigation survey was conducted at Rose Terrace Cottages from January 10, 2011, to January 12, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004859

Allegation #1: An exit door from an identified building was blocked by snow.

Findings #1: On 1/10/11 through 1/12/11, the exit doors from all three buildings were observed to be free from snow buildup. Eight residents, who resided in the identified building were interviewed between 1/10/11 and 1/11/11. All eight stated they were able to leave the building by either exit during or after a heavy snowfall. On 1/11/11 at 10:45 AM, the facility nurse stated they attempted to keep all exit doors and walkways as free of snow as possible during snowfalls. She said the emphasis was placed on the patio areas between the buildings which also provided access to the parking lot in the back of the buildings. On 1/11/11 at 11:30 AM, the facility maintenance personnel stated he used de-icer on the sidewalks and patio areas as well as using a snow shovel when the snowfall was heavy. On 1/11/11, during a heavy snowfall, maintenance personnel was observed to be spreading de-icer, shoveling walkways and using a snowblower to maintain a safe access and egress from the facility's three buildings.

Conclusion #1: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: The alternate to the main meal was not approved by a registered dietician.

Findings #2: On 1/10/11 through 1/12/11 the facility menus and meals in all three buildings were observed. The meals served were congruent with the dietician approved menu. Sandwiches, including peanut butter and jelly, and soup both appeared at one time on the approved menu. The facility's manager and nurse, stated they followed the menu as planned by the dietician. They both stated if a resident wanted an alternative to the main meal, they were offered leftovers, if available, a sandwich or soup.

Conclusion #2: Unsubstantiated. There are no rules for residential care or assisted living facilities requiring an alternative to the main meal.

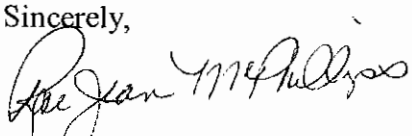
Allegation #3: The facility was not maintained in a sanitary manner, as they allowed cigarette butts and ashes accumulate on the patios.

Findings #3: On 1/10/11 through 1/12/11 the facility's designated smoking areas were observed to be on the front patio area of the buildings. All three smoking areas used empty coffee cans for residents to put their cigarette butts in. Two of the smoking areas were observed to be free of cigarette butts and ashes throughout the survey. On 1/11/11 one smoking area's coffee can was noted to be full with three cigarette butts on the patio. On 1/12/11 at 9:15 AM, the coffee cans were empty and no cigarette butts were observed on the patio. Several residents from the building were observed to go outside frequently to smoke during the survey. On 1/12/11 at 2:35 PM, a caregiver stated they go outside to clean the smoking area at least daily and sometimes more often. She stated, residents who smoked were also encouraged to maintain the smoking area as much as possible.

Conclusion #3: Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



Rae Jean McPhillips, RN
Health Facility Surveyor
Residential Assisted Living Facility Program