

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 22, 2013

Mike Grabenstein, Administrator Coeur D'Alene Homes-Phase II 624 West Harrison Coeur D'Alene, ID 83814

License #: RC-863

Dear Mr. Grabenstein:

On January 30, 2013, a State Licensure survey was conducted at Coeur D'Alene Homes-Phase II. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

• 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely, Donno Henschweil

Donna Henscheid, LSW

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program



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February 4, 2013

Mike Grabenstein, Administrator Coeur D'Alene Homes - Phase II 624 West Harrison Coeur D'Alene, ID 83814

Dear Mr. Grabenstein:

Congratulations to both you and your staff on your recent State Licensure which was conducted at Coeur D'Alene Homes - Phase II on 01/30/2013. No core deficiencies were found and you had three or fewer non-core deficiencies cited during your survey, which qualifies you for a *Silver Excellence in Care Award*.

This award demonstrates that you have worked exceptionally hard to meet the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing excellent care and ensuring the residents you serve live in a clean, safe and home-like community.

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 1/30/13. 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.

Again, congratulations to you and your staff for a job well done.

Sincerely, Journa Wenschuil

The Residential Assisted Living Facility Survey Team

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDIN		(X3) DATE SURVEY COMPLETED				
13R863			B. WING_		01/30/2013					
NAME OF PROVIDER OR SUPPLIER			STREET AD	DRESS, CITY,	STATE, ZIP CODE					
COEUR	D'ALENE HOMESPH	IASE II	624 WEST HARRISON COEUR D'ALENE, ID 83814							
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	FULL	ID PREFIX TAG	(X5) COMPLETE DATE						
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/follow-up survey conducted on 1/29/13 through 1/30/13 at your facility. The surveyors conducting the survey were:  Donna Henscheid, LSW Team Coordinator Health Facility Surveyor  Rae Jean McPhillips, RN Health Facility Surveyor									
Bureau of Fa	cility Standards				TITLE		(X8) DATE			

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

STATE FORM



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

## ASSISTED LIVING Non-Core Issues Punch List

acility Nam			Physical Address	Phone Num	ber	······································
(	seur d	Alene Homes	624 W. Harrison	20	08 -664-811	9
			City Cocur d'Alene	ZIP Code	83814	
	like Gra	ibenstein				·····
Survey Tea	m Leader Inna Hen	nechoid	Survey Type Licensure / Follow-up	Survey Date	1/30/13	
	ORE ISSU		Accusary			
TEM #	RULE # 16.03.22		DESCRIPTION		DATE RESOLVED	L & C USE
1 2	120.02	The facility's admiss	ion agreement was not updated to inc	lude a	2/12/13 00	3/4/139
		Complete reflection	ion agreement was not updated to income of charges and did not include how r	to Contest those		
		Charges.				
2 3	300.01	The current facility r	surse did not delegate to medication	techs. COS	1/30/13 DH	
3.	305.02	The facility nurse did	out ensure that Resident #3's orders;	for Huid	430/13CR €	3/4/130
		restrictions were Carrie	dout Additionally, the nurse did note	nsure Kesident	28/3 CR	
		#4's blood pressure	medication was consistently held as in a	Ircakd.		
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			EER 1 5 2013			
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		Time.	ACILITY STANDARDS			
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Passones	Required Date	Signature of Facility Representative			Date Signed	प्रकार किस्तु है है
, .	7/13	Olgitature of Pacifity Representative			1/30/13	

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## 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

29. Insects/rodents/animals	8-33	4-6626						(	Critical	Violations	Noncritical Viol	ation	S
March   Marc		•											
A secone greater than 3 Med   A secone greater than 6 Med   The state of the state at the state of the state at the stat	Es	ablishment Name	Operato	۶,	1	. /	C-1.	$\sqcap V$	iolation		Violations		
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Date:   Date	Ins	pection Type: Risk Category:				OR On-S	lite Follow-Up:		scores	reater than 3 Med	A score greater than	16 Me	đ
RISK FAC TORS AND INTERVENTIONS (Tables Food Code, IDAPA 16 02.19, and require correction as moted.		die	Date:		_	Date	::	0	r 5 High	-risk = mandatory	or 8 High-risk = ma	indato	
Demonstration of Knowledges (2-102)	Ite		DAPA :	16.02.19	, and	require co	prection as noted.	_ [ _ 0	n-site re	inspection	on-site reinspection		
Demonstration of Knowledges (2-102)	<u> </u>									•			
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N	Y					믜	1	-				_	<b></b>
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(3-301)	_	· · · · · · · · · · · · · · · · · · ·		emption				22	) Consu				<u> </u>
N NO N/A   23. Pasteurized foods used, avoidance of prohibited foods (3-801)		(3.301)		траоп	$\rightarrow$		(Y) N N/A						
N   8. Food obtained from approved source (3-101 & 3-201)	Υ.		1)				<del>/</del>						
N   N   N   N   N   N   N   N   Receiving temperature / Condition (3-202)	150		/2 404 4	2 2041			(Y) NO N	VA   23			idance of		
N N/A   10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)		<b></b>		x 3-201)	:		*-				1		
No.	12.54	10 0 1 1 1 1 1 1		n,			1,00						
Profestion from Contemnation   Conformance with Approved Procedures	<u></u>	required HACCP plan (3-202 & 3-20	3)	THE COURT HAVE	_		(Ý) N	25	Toxic:	substances properly ic	lentified, stored, used		
Y N N/A   11. Foot aggregates, speries of in protectic (\$\frac{\text{\$V \ N N/A}}{2.5. Compliance with variance and HACCP plan (\$\frac{8}{2.01})}	7-177	A STATE OF THE PROPERTY OF THE	OCT BESSELVE CONTROL OF	2 2011	$\dashv$			11	Con	formance with Appr	oved Procedures		-
Y   N   NA   (4-5, 4-6, 4-7).	495			3-302)	-	_	Y N NA	26					
No   14. Discarding / reconditioning unsafe food (3-701)	Y	/ N N/A (4-5, 4-6, 4-7).											_
Item/Location   Temp   Item/Location   I	Y												
	(Y	) N 14. Discarding / reconditioning unsafe i	000 (3-7C	л}	<u> </u>				ted on-sit	e R=Repea			
Chickens - hat Inlatus 171.9   Cos   R   Cos   Cos   R   Cos   Cos   R   Cos   Cos   R   Cos   Co									<u>iZ</u>	= CO2 of R			
GOOD RETAIL PRACTICES (  S = not in compliance)    COS   R			tem/Loc	ation		Temp	Item/L	ocation	1	Temp	Item/Location		Temp
GOOD RETAIL PRACTICES (☐ not in compliance)  COS R	Ω	idding-Fridge 38-2											
COS R    27. Use of ice and pasteurized eggs   34. Food contamination   42. Food ulensits/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   29. Insects/rodents/landing installed; cross-connection; back flow   39. Thaving   46. Utensil & single-service storage   31. Plumbing installed; cross-connection; back flow   39. Thaving   47. Physical facilities   31. Plumbing installed from cleaning maintenance tools   40. Toilet facilities   48. Specialized processing methods   47. Physical facilities   48. Specialized processing methods   49. Other   49. Ot	CP	10 km - hot holder 171.9											
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rson in Charge (Signature)

(Print)

Title

Date | 30 | 13

Follow-up: Yes (Circle One)

Page (Signature)

Spector (Signature)

Date | /30 / /3 (Circle One)



## **Food Establishment Inspection Report**

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

Page \_\_\_\_\_\_ of \_\_\_\_\_\_ Date \_\_\_\_\_/36//3

Establishment Name Coeur d' Alens Homes Mike Grabenstein Address
1634 W. Harrison Coeur d'Aline
County Estab# EHS/SUR.# License Permit #
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6. Kitchen staff absorbed to handle ready to eat. Food with dirty gloves.
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205 - Kitchen Staff educated importance of putting on
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Person in Charge	19/38/13	Inspector Met hall or	Date / 30/23
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