

C.L. "BUTCH" OTTER - GOVERNOR RICHARD M. ARMSTRONG - DIRECTOR TAMARA PRISOCK - ADMINISTRATOR
DIVISION OF LICENSING & CERTIFICATION
JAMIE SIMPSON - PROGRAM SUPERMISOR
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

March 29, 2013

George Ciccone, Administrator Country Comfort Residential Care 3129 East Spring View Drive Coeur D' Alene, ID 83814-5179

License #: RC-866

Dear Mr. Ciccone:

On February 1, 2013, a State Licensure/Follow-up survey was conducted at Country Comfort Residential Care. 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, OMRP Supervisor, Residential Assisted Living Facility Program



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February 4, 2013

George Ciccone, Administrator Country Comfort Residential Care 3129 East Spring View Drive Coeur D' Alene, ID 83814-5179

Dear Mr. Ciccone:

A State Licensure and follow-up survey was conducted at Country Comfort Residential Care between 1/30/13 and 2/1/13. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities 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 02/01/2013. 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

Bachel Corey, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

FORM APPROVED Residential Care/Assisted Living STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 13R866 02/01/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 828 + 830 NORTH 23RD STREET COUNTRY COMFORT RESIDENTIAL CARE COEUR D'ALENE, ID 83814 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) 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 and follow-up survey conducted on 1/30/2013 through 2/01/2013 at your facility. The surveyors conducting the survey were: Rachel Corey, RN Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE



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

RESET FORM | | Print FC **ASSISTED LIVING** Non-Core Issues **Punch List**

Facility Name Country Comfort Residential Care	Physical Address 830 N 23rd st	Phone Number 664-2272
Administrator George Ciccone	City Coeur D' Alene	Zip Code 83814
Team Leader Rachel Corey	Licensure and Follow-up	Survey Date 02/01/13

MON CODE ICCUES

Item#	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	305.03	The facility RN did not assess Resident #2's wounds and monitor the progress of healing, nor did the RN assess Resident #3	3/29/13 17C	
		after a fall with a fracture.	/ /	
2	310.04.e	The facility did not have documentation that behavioral updates were provided to the physician for residents on psychotropic medications.	3/29/13/2	
3	711.08.b	Caregivers did not document delegated wound treatments for Resident #2.	ShalaRC	
4.	711.08.c	The facility did not document all unusual events and the facility's response, such as Resident #3's falls and an emesis episode.	3/29/1214	
			7.	
	:			
Response Required Date		Signature of Facility Representative	Date Signed	

03/02/13

a. CECCONO

Noncritical Violations

Follow-up: (Circle One)

Yes

Critical Violations



HEALTH & WELFAREFood Establishment Inspection Report

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

Kan dentid Care							# of Risk			· (7)	
Nistablishment Name (1) (Operator)							Violation	าร	Violations	Ψ	
Ourtholopeart George					S 8281LI			eaț 18	# of Repeat Violations		
County Estab# . EHS/SUR# Inspection time				e: Travel time:			Score		Score,	<u>(b)</u>	_
Inspection Type: Risk Category; Follow-Up Report: OR On-Site Follo						一 源	A score	greate	r than 3 Med A score greater tha	in 6 Me	da
Date:								=mandatory or 8 High risk = m	andato		
Items marked are violations of Idaho's Fool Code, IDAPA 16.02.19, and require correction as noted.											
RISK FACTORS AND INTERIORS (Idaho Food Code applicable sections imparentheses) The letter to the left of each item indicates that item's status at the inspection;											
Demonstration of Knowledge (2-102) cos κ Potentially Hazardous Food Time(Temperature co								cos	R.		
	1 Cortification by Accordited Programs or Approved						ing, time and temperature (3-401)		믜ㅣ		
Employee Health	(2-201)			Y N NO NA,							믦ㅣ
Y N 2. Exclusion, restriction and report		***************************************		Y N N/O N/A 18. Hot holding (3-501)					ᆲᅵ		
Good Hygienici Pr				Y N NO N/A 19. Cold Holding (3-501)			(3-501)				
(Y) N 4. Discharge from eyes, nose and			븜	H	(), N N/O N/A 20. Date marking and disposition (3:501)				믜ㅣ		
Control of Hands as a Verticia					(A) N MO I		21, Time as a public health control (procedures/records) (3-501)				
Y N 5, Clean hands, properly washed		Villago pr esiden		Gorisumer/Advisory					X .		
6. Bare hand contact with ready-for (3-301)	eat toods/ex	emption			Y (N) N/A		2. Consu 3-603)	mer a	dvisory for raw or undercooked food	9	
Y N 7. Handwashing facilities (5-203 &									ly Susceptible Populations		
Approved Sou		2 004			Ý N NVO I	WA 2			foods used, avoidance of ods (3-801)		
Y N 8, Food obtained from approved s Y N 9, Receiving temperature / condition	7.00	k 3-201)							Chemical		
10 Records shallstock tans nare		n,	0		YN WA				pproved, unapproved (3-207)		
required HACCP plan (3-202 8	(3-203)	• •	Ľ	4	(Ŷ)N		5. Toxic : 7 -101 thre		nces properly identified, stored, used (-30.1))		
Protection/from/Gont									nice with Approved Procedures		
Y N/A 12. Food contact surfaces clean a		0.902)	_		Y N (NA) 2	6. Compl	ance	with variance and HACCP plan (8-201)		
(4-5, 4-6, 4-7). (Y) 13. Returned / reservice of food (3)	-306 8 3 0047			-	Ÿ	!			X	•	
Y N 14. Discarding / reconditioning uns	-		븝	N/O = not observed N/A = not applicable:							
					COS	= Carrec	ted on-sit		R=Repeat violation OS of R		
lient/Location Lemp		ation		e Tale	mp Item/l	ocatio	1		temp: litem/Location	1400000	Témn
Ham & Navy Dog	~	NIA (<u> </u>	,30	7.3		g On	_	1700		ELCOTIFE.
11000		1		1	Broco	<u> </u>	li	7	1650		
			W. W. W. W. W.			45.00 a p. 10	The factor was	A-1011-1011		Shiri okuzarine	terventaristik testin
			ELAIL	EPRAC	TICES (M= not in co		ce)				
· ·	cos	R				GO4	R;			COS	R
				34. Food contamination 35. Equipment for temp.			<u> </u>		42. Food utenslistin use	<u> </u>	
26. Water source and quantity				control		<u> </u>			43. Thermometers/Test strips		
29. Insects/redents/animals 30. Food and non-food contact surfaces: constructed;				36. Personal oleanliness					44. Warewashing facility		
cleanable, use			<u> </u>	37. Food isbeled/condition					45. Wiping cloths		
□ 31. Plumbing Installed; cross-connection; back flow prevention □ □				38, Plant food cooking.					46. Ulénsil & single-service storage		
32. Sewage and waste water disposal		Ü	39. Thawing					47, Physical facilities			
33. Sinks contaminated from cleaning maintenance looks:									48. Specialized processing methods		
				dispo			□.	ū	² 49) Other	Д	
OBSERVATIONS/AND/GORRECTIVE/ACTIONS (CONTINUEDION/NEXT(PAGE)											
									1 1 1000		