

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 22, 2013

Ronald Stoffer, Administrator Lewis-Clark Care Center, LLC 1633 10th Avenue Lewiston, ID 83501

License #: RC-872

Dear Mr. Stoffer:

On February 13, 2013, a Complaint Investigation and State Licensure survey was conducted at Lewis-Clark Care Center, LLC. 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,

Donna Henscheid, LSW

Jonna Henscheid

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program



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March 12, 2013

Ronald Stoffer, Administrator Lewis-Clark Care Center, LLC 1633 10th Avenue Lewiston, ID 83501

Dear Mr. Stoffer:

A Complaint Investigation and State Licensure survey was conducted at Lewis-Clark Care Center, LLC from February 12, 2013 through February 13, 2013. 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 **February 13, 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,

Pally Wad-Din, 182 for Donna Henscheid

Health Facility Surveyor

Residential Assisted Living Facility Program

FORM APPROVED Bureau of Facility Standards (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 13R872 02/13/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1633 10TH AVENUE** LEWIS-CLARK CARE CENTER, LLC LEWISTON, ID 83501 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) R 000 R 000 Initial Comments The residential care/assisted living facility was found to be in 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 from 2/12/2013 through 2/13/2013 at your facility. The surveyors conducting the survey were: Donna Henscheid, LSW Team Coordinator Health Facility Surveyor Rae Jean McPhillips, RN, BSN Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE



HEALTH & WELFARE

MEDICAID LICENSING & CERTIFICATION FRANF₂₅ P.O. Box 83720 Boles, ID 83720-0338 (208) 334-8825 fxx: (208) 364-1865

ASSISTED LIVING Non-Core Issues Punch List

:	Facility Hame	Physical Address	Pfione Number						
	Lewis-Clark Care Center	1633 10th Ave	208-743-1167						
•	Admiratrator	City	Zip Cods						
	Ronald Stoffer	Lewiston	£350 1						
	Team Lewiet	Survey Type	Survey Date						
	Droppa Henscheid	Histories, Epiloweish and Complaint	02/13/13						

NON-CORF ISSUES

·						
	210	The facility did not provide an on-going activity program.				
<u> </u>	220.17	The admission agreements did not include what happens when a resident transitions to Medicaid.				
	225	The facility did not develop a behavior management plan for Resident #3.				
	250.14	The facility did not provide a secure environment for Resident 13.				
•	310.01.a	Medications were not secured in the laundry room and small refrigerator.				
5	310.015	Residents were not observed while being assisted with medications.				
	350.07	The facility did not report to Licensing and Certification when a resident eloped.				
3	451.01.a	The facility did not follow the dietitian approved menu.				
)	455	The facility did not have the types of foods available to meet the planned mensi.				
0	600.05	The administrator did not supervise to ensure staff provided residents with their medications as ordered.				
11	509.05.b	Staff who worked alone did not have current CFR and First Aid.				
12	711.08.c	Residents' records of direct contain documentation of their health or mental status changes. **Previously Cited on 3/29/12**	-			
13	711.08.d	Facility Staff did not document calls made to physicians, to Indude the reason and outcome of the calls.				
14	711.08.e	There was no documentation unaconsed staff actitled the facility RN of mental or physical changes of residents.				
Response Required Date		Signature of Facility Representative	Dale Signed			
03/15/13		Ron Stoller				

		,				
Date	2/13/	13	Page	/_	_of/_	

TIN I

IDAHO DEPARTMENT OF

HEALTH & WELFAREFood Establishment Inspection Report

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

Inspector (Signature) Ras Mela Olion

O 1	T 7 1	40
Critical	vin	lations

Noncritical Violations

(Circle One)

No

												of Risk		or 🕥	# of Retail Practice		\neg
Est	ablishment	Name	1	Operato	or						Vi	iolation	ıs		Violations		-
Address 1633 10+n Ave Lewiston											of Repo		9 _	# of Repeat Violations			
	unty	10 th 1910 Estab# EHS/SUR#	**	Inspecti	on time	<u>rj </u>			Travel time:			оге		3	Score		_
Ins	pection Ty	pe: Risk Categor	- 1						te Follow-U _l		A	score g	reate	than 3 Med	A score greater than	n 6 Me	d
High Date:								· 			or		-risk	= mandatory	or 8 High-risk = ma	andatory	
Ite	tems marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.												nispo		on-site remspection		
FORHEDOX		5/1021-77/101-11 (1994)	X-76-3-40 = 140 = 1	ON SERVICE PROPERTY.		9879E4000000	entra estração	2000000VIII	LOUISSELE MANAGEMENTS	EYGANGANGA	4000000000	CSDINIDGE/AUCDES	0200000000	Distribution of order of the second			
		RISK FACTO							ho Food Co ates that item						heses)		
		Demonstration of Kr				COS	R	1							d Time/Temperature	COS	R
Ŕ	>N	Certification by Accredited F	rogram; o	or Approv	red				(Y) N NO) N/A	15.				mperature (3-401)	ū	
C		Course; or correct responses; Employee Her			ode .	_			Y M (VIC						-403)	u	
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ب	/ 11	Good Hygieni		18		_	_		400	D N/A	-	. Hot hol					
ŹΫ) N	3. Eating, tasting, drinking, or	tobacco u	se (2-40	1)			1	The sales	N/A N/A			_	(3-501)	. (0 CO4)		
Ŷ.) N	4. Discharge from eyes, nose	and mout	h (2-401)				A.,					and disposition	rol (procedures/records)		
<i>^</i>		Control of Hands as a Vehi	2219030000032723600000000000	MUNICIPALITY INCIDENTAL	ition]	Y N (NO) N/A		501)					
	N	5. Clean hands, properly wast			ina in Cara									Consumer Ac			-
(y	N	6. Bare hand contact with read (3-301)	ay-to-eat r	000s/exe	emption			·	(Y)N NW	A		. Consu 603)	mer a	dvisory for raw	or undercooked food		
(Ÿ)	N	7. Handwashing facilities (5-20	03 & 6-30	1)		ū		1 1					Highl	y Susceptible	Populations		\neg
		Approved	CONTRACTOR CONTRACTOR						(Y) N N/O) N/A	23.			foods used, avo	idance of		
) N	8. Food obtained from approve		<u> </u>	k 3-201)	A					製鍍	prohibi	ted fo	ods (3-801) Chemica		-	-
Y,) N	9. Receiving temperature / cor							N/N N/N	Δ	24	Additiv	es / ai	oproved, unapp	was a series of the series of		╗
Y N (N/A) 10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)							Ŷ) N						lentified, stored, used				
_		Protection from C							<u> </u>			101 thro	ough 7	-301))			
(Y)	N N/A	11. Food segregated, separate			3-302)				Y N (N/	n)	20	and the same harmonical to	Pyter-settitisetise		oved Procedures		
Ø	N N/A	12. Food contact surfaces clea	an and sai	nítizeď				1	Y N (N	A	20.	Compi	ance	with variance ai	nd HACCP plan (8-201)		
Ϋ́	N	(4-5, 4-6, 4-7). 13. Returned / reservice of foo	d (3-306 &	& 3-801)					v	'≃ ves i	in con	apliance		N = no no	ot in compliance		
(Y) N 14. Discarding / reconditioning unsafe food (3-701)							N/O = not observed N/A = not applicable COS= Corrected on-site R= Repeat violation										
-				•						OS= Co	rrecte			R= Repea OS or R	t violation		
	Itemli	Location Temp		tem/Loc	ation		l Te	emp [Itè	m/Loca	ation			'emp	Item/Location		Temp
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]	prevention	g tristalled, or ess-contraction, back not	W				38. F	38. Plant-food cooking		<u> </u>			46. Utensil & si	ngle-service storage			
וַב	32. Sewage and waste water disposal			39. Thawing		1	ונ			47. Physical fac	ililies						
33. Sinks contaminated from cleaning maintenance tools					40. Toilet facilities		C	<u> </u>			48. Specialized processing methods						
							41. Garbage and refuse disposal			ן כ		□ . 49. Other					
OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)																	
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son	in Charge	(Signature) Kon Sty	Mer.	(Print)	10)	15	10	FF	R Title A	NDM	D	Date	2-	13-13			
			15		~										Follow-up: Yes	š	

(Print) Ras M. Phillips Date 3/13/13

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March 12, 2013

Ronald Stoffer, Administrator Lewis-Clark Care Center, LLC 1633 10th Avenue Lewiston, ID 83501

Dear Mr. Stoffer:

An unannounced, on-site complaint investigation survey was conducted at Lewis-Clark Care Center, LLC from February 12, 2013, to February 13, 2013. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005696

Allegation #1: The administrator did not appropriately report/respond to a resident to resident incident which

resulted in injury.

Findings #1:

On 2/12/13, the facility's incident and accident reports were reviewed. An incident report, dated 8/17/12, documented there had been an altercation where one resident's wheelchair hit another resident's walker, causing it to hit that resident (victim). The report documented it was not called into the Licensing and Certification hotline until 8/23/12, when the victim reported the bruising.

On 8/28/12, after a visit from the Ombudsman, the victim was moved to another room in the facility.

On 2/12/13 between 8:30 AM and 10:00 AM, the two residents identified in the incident were interviewed. Both residents expressed satisfaction with their current room assignments. On 2/19/13, the administrator stated he had not reported the incident to Licensing and Certification because there had not been any obvious signs of injury after the incident. He stated as soon as the victim reported the bruising, the hotline and AP were called.

Unsubstantiated.

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,

Puly wat Din, MSW br Donna Henscheid

Health Facility Surveyor

Residential Assisted Living Facility Program

DH/tfp