



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

April 22, 2013

Jerry Bowlin, Administrator  
Wedgewood Terrace  
2114 Vineyard Avenue  
Lewiston, ID 83501

License #: Rc-588

Dear Ms. Bowlin:

On February 14, 2013, a State Licensure survey was conducted at Wedgewood Terrace. 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 Karen Anderson, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

*Karen Anderson, RN*

Karen Anderson, 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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P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: 208-334-6626  
FAX: 208-364-1886

February 22, 2013

Jerry Bowlin, Administrator  
Wedgewood Terrace, Provident Foundation  
2114 Vineyard Avenue  
Lewiston, ID 83501

Dear Ms. Bowlin:

A State Licensure was conducted at Wedgewood Terrace, Provident Foundation between 02/13/13 and 02/14/13. 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 02/14/2013. 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,

*Karen Anderson, RN*  
Karen Anderson, RN  
Health Facility Surveyor  
Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R588</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/14/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>WEDGEWOOD TERRACE, PROVIDENT FOUND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2114 VINEYARD AVENUE LEWISTON, ID 83501</b>		
(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	<p>Initial Comments</p> <p>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 2/13/2013 through 2/14/2013 at your facility. The surveyors conducting the survey were:</p> <p>Karen Anderson, RN Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN, BSN Health Facility Surveyor</p> <p>Donna Henscheid, LSW Health Facility Surveyor</p> <p>RaeJean McPhillips, RN, BSN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

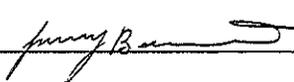
(X6) DATE

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



Facility Name Wedgewood Terrace	Physical Address 2114 Vineyard Ave	Phone Number 208-743-4545
Administrator Jerry Bowlin	City Lewiston	ZIP Code 83501
Survey Team Leader Karen Anderson	Survey Type Licensure/Follow-up	Survey Date 02/14/13

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	The admission agreement did not include all required items described under subsections 220.03 – 220.18.	3/18/13	KA
2	221.01	The admission agreement terms for discharge did not meet the rules for discharge.	3/18/13	KA
3	225	The facility did not have a behavior management plan for Resident #3.	3/18/13	KA
4	250.14	The facility did not provide a secure environment for Resident #3, #8 and #9.	3/18/13	KA
* 5	305.02	Medication orders were not current and did not match MARS for Resident #'s 1, 2, 8 & 9. *****Previously cited on 10/06/10.*****	3/18/13	KA
6	305.03	Resident #5 had a significant change of condition and was not assessed by the facility RN.	3/18/13	KA
7	305.04	The facility RN did not make recommendations regarding Resident #5's positioning needs.	3/18/13	KA
<del>8</del>	<del>320</del>	<del>There was no interim plan of care or NSA for Resident #8.</del> — KA 2/14/13		
9	320.08	The NSA was not updated for Resident #5 after having a significant decline in health.	3/18/13	KA
10	430.01	The furniture was not appropriately designed to accommodate residents' needs to include comfortable chairs and sofas.	3/18/13	KA
Response Required Date 03/16/13	Signature of Facility Representative 		Date Signed 2-14-13	



Facility Name Wedgewood Terrace	Physical Address 2114 Vineyard Ave	Phone Number 208-743-4545
Administrator Jerry Bowlin	City Lewiston	ZIP Code 83501
Survey Team Leader Karen Anderson	Survey Type Licensure/Follow-up	Survey Date 02/14/13

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
11	650.01	Resident #8 did not have an UAI.	3/18/13	KA
12	650.04	Private pay residents' UAIs were not being kept updated.	3/18/13	KA
13	710.04	Resident #8's record did not contain an <del>UAI</del> . <i>a history and physical.</i>	3/18/13	KA
14	711.11	Staff did not document on the MARs when medications were not given.	3/18/13	KA
			3/18/13	KA

Response Required Date 03/16/13	Signature of Facility Representative <i>Jerry Bowlin</i>	Date Signed 2-14-13
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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

Critical Violations

Noncritical Violations

Establishment Name <i>Wedgewood Terrace</i>		Operator <i>Jerry Bowlin</i>	
Address <i>2114 Vineyard Ave. Nez Perce</i>			
County	Estab #	EHS/SUR.#	Inspection time: Travel time:
Inspection Type:		Risk Category: <i>High</i>	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	<i>0</i>	# of Retail Practice Violations	<i>0</i>
# of Repeat Violations	<i>0</i>	# of Repeat Violations	<i>0</i>
Score	<i>0</i>	Score	<i>0</i>
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.

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

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

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
<i>Ham - steam table</i>	<i>155.3°</i>	<i>Cauliflower soup - reheat</i>	<i>35.5°</i>				
<i>Sweet Potatoes - steam table</i>	<i>164.7°</i>						

### GOOD RETAIL PRACTICES ( = not in compliance)

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

### OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) <i>Jerry Bowlin</i> (Print)	Title	Date <i>2-14-14</i>
Inspector (Signature) <i>Donna Verschell</i> (Print) <i>Donna Verschell</i>	Date <i>2/14/14</i>	Follow-up: (Circle One) <i>Yes</i> <input type="checkbox"/> <i>No</i> <input checked="" type="checkbox"/>