



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 28, 2011

Geolene Kaml, Administrator
Prestige Assisted Living At Autumn Wind
200 West Beech Street
Caldwell, ID 83605

Dear Ms. Kaml:

Congratulations to both you and your staff on your recent deficiency-free survey. In today's world with numerous regulations, it is indeed impressive to see a facility functioning as a team at this level.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, **Congratulations** to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely,

Rachel Corey, RN
Team Coordinator
Health Facility Surveyor

JS/rc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R582	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2011
NAME OF PROVIDER OR SUPPLIER PRESTIGE ASSISTED LIVING AT AUTUMN WIN		STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST BEECH STREET CALDWELL, ID 83605		
(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 deficiencies were cited during the licensure, follow-up and complaint investigation survey conducted on 2/22/11 through 2/23/11 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p> <p>Matt Hauser, QRMP Health Facility Surveyor</p> <p>Maureen A. McCann, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



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

Awesome Kitchen & Food

Establishment Name: *Prestige Autumn* Operator: *Brett Nicholson*
 Address: *200 W Beach St*
 County: *Emery* Estab #: *20828* EHS/SUR #:
 Inspection time: *2/23/11* Travel time:
 Inspection Type: *High* Risk Category:
 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: <u>0</u>	# of Retail Practice Violations: <u>0</u>
# of Repeat Violations: _____	# of Repeat Violations: _____
Score: <u>0</u>	Score: <u>0</u>
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
<u>Y</u> N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<u>Y</u> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>Y</u> N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	13. Returned / reserve of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<u>Y</u> N	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>Eggs</i>	<i>148</i>	<i>Chicken</i>	<i>38°</i>	<i>Scallop Potatoes</i>	<i>190</i>	<i>bacon & hash browns</i>	<i>108°</i>
		<i>parisa</i>	<i>38°</i>	<i>ham</i>	<i>155</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/Test strips	<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): *Karen Kamt* (Print): *Karen Kamt* Title: *Executive Director* Date: *2/23/11*
 Inspector (Signature): *Karen Anderson* (Print): *Karen Anderson* Date: *2/23/11*
 Follow-up: (Circle One) Yes No



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March 4, 2011

Geolene Kaml, Administrator
Prestige Assisted Living At Autumn Wind
200 West Beech Street
Caldwell, ID 83605

Dear Ms. Kaml:

An unannounced, on-site complaint investigation survey was conducted at Prestige Assisted Living At Autumn Wind from February 22, 2011, to February 23, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004922

Allegation #1: Staff were not treating residents with dignity and respect.

Findings #1: Between 2/22/11 and 2/23/11, residents, staff, family members, and outside agencies were interviewed. During this time, 36 residents stated staff treated them with kindness and were attentive to their needs. Four family members stated they observed staff treating residents in a courteous manner. One outside agency staff member stated she had never observed staff not treating residents with dignity and respect. Four facility staff members stated they had never witnessed any staff members mistreating residents, but would report the information to the administrator if they had.

On 2/22/11 at 11:10 AM, the ombudsman stated he had no concerns regarding the treatment of residents.

Between 2/22/11 and 2/23/11, facility staff were observed to be attentive and kind to all residents.

On 2/23/11, the facility complaint log was reviewed. There were no complaints regarding staff not treating residents with dignity and or respect.

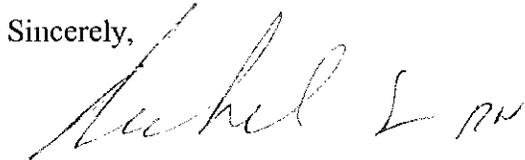
Unsubstantiated. Although the allegation may have occurred, it could not be

Geolene Kaml, Administrator
March 4, 2011
Page 2 of 2

determined during the complaint investigation.

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,

A handwritten signature in cursive script that reads "Rachel L RN". The signature is written in black ink and is positioned above the typed name.

Rachel Corey, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program



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March 4, 2011

Geolene Kaml, Administrator
Prestige Assisted Living At Autumn Wind
200 West Beech Street
Caldwell, ID 83605

Dear Ms. Kaml:

An unannounced, on-site complaint investigation survey was conducted at Prestige Assisted Living At Autumn Wind from February 22, 2011, to February 23, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004946

Allegation #1: Residents' were not receiving specialized diets as ordered by their physicians. This includes an identified resident with a physician's order for a carbohydrate controlled diet.

Findings #1: Between 2/22/11 and 2/23/11, five residents, including the identified resident, stated they followed a carbohydrate controlled diet ordered by their physician. All five residents stated the facility served appropriate foods, including sugar free and high protein items.

Between 2/22/11 and 2/23/11, three caregivers and one kitchen staff were interviewed and identified the residents on specialized diets and described how the menu items were altered to meet the specialized diets.

On 2/22/11 at 11:10 AM, the ombudsman stated he had received no dietary complaints during prior visits to the facility.

Between 2/22/11 and 2/23/11, four meals were observed. The observed meals included food choices appropriate for residents following a carbohydrate controlled diet and congruent with the dietician approved menu. Three sampled residents who had physician ordered mechanical soft and pureed diet orders were observed receiving appropriate foods. Additionally, high protein snacks and sugar free desserts were observed being delivered to residents on

carbohydrate controlled diets.

The identified resident's record and three sampled residents' records, who required special diets, were reviewed. The residents' Negotiated Service Agreements documented dietary needs congruent with physician orders and observed meals.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: Residents were not receiving adequate portion sizes during meals.

Findings #2: Between 2/22/11 and 2/23/11, residents, family members, outside agencies, and staff members were interviewed. During this time, 36 residents stated they received adequate portion sizes. All residents stated seconds helpings were available upon request. Four residents stated they requested half-portion sizes due to the large portion sizes served. Four family members interviewed, stated they observed adequate portion sizes when they visited during meal times. One staff, from an outside service agency, stated adequate portion sizes were observed during meal times. One kitchen staff member stated kitchen staff would honor any request from a resident to have additional food.

On 2/22/11 at 11:10 AM, the ombudsman stated he had received no dietary complaints during prior visits to the facility.

Between 2/22/11 and 2/23/11, four meals were observed and portions were consistent with the amount stated on the dietician approved menu. Furthermore, snacks, fresh fruit, water, coffee, tea and juices were observed to be available throughout both days.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #3: An identified resident did not receive assistance with all activities of daily living.

Findings #3: Between 2/22/11 and 2/23/11, 36 residents were interviewed. The residents stated staff were very attentive and willing to assist them with any requests. They further stated, they did not need to wait long for staff when they used the call system. The identified resident stated, staff were always willing to assist her when she asked for help, although she preferred to be as independent as possible.

Between 2/22/11 and 2/23/11, four family members of residents were

interviewed and stated the residents received the necessary assistance with activities of daily living. They further stated, their family members were always observed well groomed.

On 2/22/11 at 11:10 AM, the ombudsman stated he had no concerns regarding residents not receiving the appropriate assistance with activities of daily living.

Between 2/22/11 and 2/23/11, a tour of the facility was conducted. All resident's were observed to be well groomed and dressed in clean clothes. Residents' rooms were observed to be tidy, clean and without odors, excessive trash or accumulated laundry. Staff were observed to be attentive to the residents and assisting them with mobility, mobility devices and positioning as needed.

Between 2/22/11 and 2/23/11, ten sampled residents' records were reviewed. The Negotiated service agreements (NSAs) described specific instructions to staff on each resident's care needs. During the survey process, the sampled residents were observed to be receiving cares congruent with the NSAs.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #4: Staff were not treating residents with dignity and respect.

Findings #4: Between 2/22/11 and 2/23/11, residents, staff, family members, and outside agencies were interviewed. During this time, 36 residents stated staff treated them with kindness and were attentive to their needs. Four family members stated they observed staff treating residents in a courteous manner. One outside agency staff member stated she had never observed staff not treating residents with dignity and respect. Four facility staff members stated they had never witnessed any staff members mistreating residents, but would report the information to the administrator if they had.

On 2/22/11 at 11:10 AM, the ombudsman stated he had no concerns regarding the treatment of residents.

Between 2/22/11 and 2/23/11, facility staff were observed to be attentive and kind to all residents.

On 2/23/11, the facility complaint log was reviewed. There were no complaints regarding staff not treating residents with dignity and or respect.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #5: An identified resident's sheets were not being washed weekly, as agreed in the

Negotiated Service Agreement.

Findings #5:

Between 2/22/11 and 2/23/11, 36 residents, including the identified resident, stated the caregivers changed and washed bed linen at least once weekly and then as needed or requested. Four family members stated they had never observed linens being unclean or heard any residents complain about their linens not being washed. Four caregivers interviewed, stated linens were changed at least weekly, or when needed.

The identified resident's NSA, dated 2/14/10, documented the resident's linens were to be washed each Monday.

The complaint log was reviewed and did not contain documentation of any complaints regarding laundry services.

Between 2/22/11 and 2/23/11, a tour of the facility was conducted. Bedding was observed to be clean and there was no accumulation of laundry in residents' rooms or in the facility laundry room

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

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,



Rachel Corey, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Assisted Living Facility Program