IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT—DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

FILE COPY

April 16, 2012

Kathleen Little, Administrator
Cottages Of Meridian
3199 West Belltower Drive
Meridian, ID 83646

License #: Rc-802

Dear Ms. Little:

On February 23, 2012, a Re-Licensure survey was conducted at Cottage Investors, Llc Dba The Cottages Of Meridian. 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 MATTHEW HAUSER , Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

MATTHEW HAUSER
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13R802		02/23/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE INVESTORS, LLC DBA THE COTTA	3173 WEST BELLTOWER DRIVE MERIDIAN, ID 83646

(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	Initial Comments 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 2/21/2012 through 2/23/2012 at your facility. The surveyors conducting the survey were: Matthew Hauser Team Leader Health Facility Surveyor Rachel Corey, RN Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

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

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Cottage Investors, LLC DBA The Cottages of Meridian	3173 West Belltower Drive	208-288-2220
Administrator	**City**	**ZIP Code**
Kathleen Little	Meridian	83646
Survey Team Leader	**Survey Type**	**Survey Date**
Matt Hauser, QMRP	Licensure/follow-up Survey	Feb. 23, 2012

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	Not all admission agreements were updated to reflect the new rules effective March 2010, such as how residents would transition to Medicaid and the method for contested charges.	4/2/12 MH	
2	250.10	The hot water in building #2 exceeded 120 degrees F.	4/16/12 MH	
3	310.04.e	The facility did not complete 6 month behavioral medication reviews for Residents #1, 5, and 6. Further, the facility did not provide behavioral updates to the physician.	4/16/12 MH	
4	630.01	One staff did not have documented evidence of dementia training completion.	4/16/12 MH	

RECEIVED FEB 23 2012 FACILITY STANDARDS

Response Required Date	Signature of Facility Representative	Date Signed
March 24, 2012	Kathleen Little	2/23/12

Date 2-22-12 Page 1 of 2

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

Establishment Name: Cottages of Meridian	Operator: Kathleen Little
Address: 3173 W Bellhaven Dr	
County: ADA; Estab #; EHS/SUR.#	Inspection time: 8AM-11:45AM; Travel time:
Inspection Type: Standard; Risk Category: High	Follow-Up Report: Date: ____ OR On-Site Follow-Up: Date: ____

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

# of Risk Factor Violations: 1	# of Retail Practice Violations: 1
# of Repeat Violations: ____	# of Repeat Violations: ____
Score: 1	Score: 1
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.

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

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

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
Milk	43°	Jello	36°	Beef patties - fridge	40°	Barley - stove	145°
Eggs	150°	Orange Juice	34°	Chicken	181°		

GOOD RETAIL PRACTICES (☒ = not in compliance)

		COS	R			COS	R			COS	R
☐	27. Use of ice and pasteurized eggs	☐	☐	☐	34. Food contamination	☐	☐	☐	42. Food utensils/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	☐	☐
☐	32. Sewage and waste water disposal	☐	☐	☒	39. Thawing	☒	☐	☐	47. Physical facilities	☐	☐
☐	33. Sinks contaminated from cleaning maintenance tools	☐	☐	☐	40. Toilet facilities	☐	☐	☐	48. Specialized processing methods	☐	☐
				☐	41. Garbage and refuse disposal	☐	☐	☐	49. Other	☐	☐

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): Kathleen Little (Print): Kathleen Little Title: Admin Date: 2/22/12

Inspector (Signature): [illegible] (Print): Rachel Lowry Date: 2-22-12

Follow-up: (Circle One) Yes (No)

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Food Establishment Inspection Report

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

Date 2-22-12

Establishment Name	Operator
Cottages of Meridian	Kathleen Little
Address 3173 W Belltower Dr	
County ADA / Estab # / EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

11. Eggs (raw in shell) were stored loosely in door of refrigerator where they could contaminate tomatoes stored next to them, if broken! the cook removed the eggs and placed in a carton.
12. Chicken (still frozen) was observed thawing in the sink. the cook corrected on-sight by running cold running water over chicken then cooking chicken

Person in Charge	Date	Inspector	Date
Kathleen Little	2/22/12	[signature]	2-22-12