



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

February 27, 2012

Rhonda Repp, Administrator  
Virginia Rose Resident Inn  
2525 North Maple Grove Road  
Boise, ID 83704

Dear Ms. Repp:

A State Licensure/follow-up survey was conducted at Virginia Rose Resident Inn between 2/23/2012 and 02/24/2012. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities (RALF) 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.

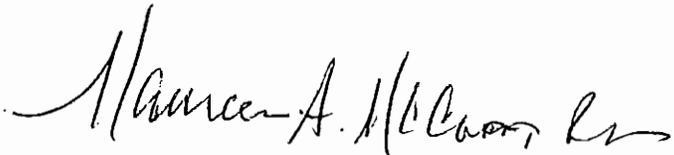
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **02/24/2012**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Please continue to monitor the facility's compliance with the Rules for Residential Care or Assisted Living Facilities, and pay special attention to the issues identified on the punch list. If the facility fails to submit acceptable evidence of resolution, or if the non-core issue deficiencies are identified on subsequent surveys, the Department will initiate enforcement actions per **IDAPA 16.03.22.910.01-03**, which could include:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing & Certification
- d. Civil monetary penalties

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,

A handwritten signature in black ink, reading "Maureen A. McCann, RN". The signature is fluid and cursive, with a long horizontal flourish at the end.

Maureen A. McCann, RN  
Health Facility Surveyor  
Team Coordinator  
Residential Assisted Living Facility Program



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LICENSING AND CERTIFICATION  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

May 3, 2012

CERTIFIED MAIL #: 7007 3020 0001 4050 7619

Rhonda Repp, Administrator  
Virginia Rose Resident Inn  
2525 North Maple Grove Road  
Boise, ID 83704

Dear Ms. Repp:

On February 24, 2012 a Health Survey was conducted at your facility. We have not yet received a response from the facility for Punch List item #3 for that survey, which was due by **3/35/2012**. The items not yet received for Punch List item #3 are rules: 220.04, 220.05, 220.06 and 220.17.

Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office **immediately**. If we do not receive the information, the Licensing and Survey Agency may impose potential enforcement action(s) as listed in IDAPA 16.03.22. Rules for Residential Care or Assisted Living Facilities in Idaho subsection 910.02;

1. A provisional license may be issued.
2. Admissions to the facility may be limited.
3. The facility may be required to hire a consultant who submits periodic reports to the Licensing and Survey agency.

If you have questions, or if we can be of further assistance, please call the Licensing and Survey Agency at (208) 334-6626.

Thanks you for your continued participation in the Residential Assisted Living Facility Program in Idaho.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program



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LICENSING AND CERTIFICATION  
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Boise, Idaho 83720-0009  
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FAX 208-364-1888

May 7, 2012

Rhonda Repp, Administrator  
Virginia Rose Resident Inn  
2525 North Maple Grove Road  
Boise, ID 83704

License #: RC-599

Dear Ms. Repp:

On February 24, 2012, a state licensure/follow-up survey was conducted at Virginia Rose Resident Inn. 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 Maureen McCann, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Maureen McCann, RN  
Team Leader  
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>13R599</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>VIRGINIA ROSE RESIDENT INN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2525 NORTH MAPLE GROVE ROAD BOISE, ID 83704</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/follow-up survey conducted on 2/23/2012 through 2/24/2012 at your facility. The surveyors conducting the survey were:</p> <p>Maureen A. McCann, RN Team Coordinator Health Facility Surveyor</p> <p>Gloria Keathley, LSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Virginia Rose Resident Inn	Physical Address 2525 N Maple Grove	Phone Number 208-375-2564
Administrator Rhonda Repp	City BOISE	ZIP Code 83704
Survey Team Leader Maureen McCann, RN	Survey Type Licensure/follow-up Survey	Survey Date Feb. 24, 2012

**NON-CORE ISSUES PAGE 1 OF 2**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	161	The facility smoking policy, house rules and staff implementation were not congruent.	4/2/12 <i>mmc</i>	
2	210	The facility did not offer activities per state rule.	4/2/12 <i>mmc</i>	
3	220	Admission agreements did not reflect current rules dated March 2010.	5/7/12 <i>mmc</i>	
4	260.06	The facility was not maintained in a clean, safe and orderly manner; a) a toilet seat was broken in the south bathroom, b) the closet door hinge outside the north bathroom was broken, c) an over the toilet mobility device had chipped paint and was unsanitary, d) Unlocked chemicals were observed throughout the facility.	4/2/12 <i>mmc</i>	
5	300.02	A) The facility nurse was not notified after falls/injuries, B) The facility nurse did not assess two new admissions for over eleven (11) plus days, C) The facility nurse did not review new medication orders.	4/2/12 <i>mmc</i>	
6	310.01	The facility had multiple bottles of bulk medications.	4/4/12 <i>mmc</i>	
7	310.01.f	The caregiver did not observe residents taking their medications.	4/2/12 <i>mmc</i>	
8	310.04.e	The facility did not provide the physician behavioral updates every 6 months.	4/2/12 <i>mmc</i>	
9	335.03	A) The caregiver did not clean/sanitize her hands between residents when assisting with medications. B) The facility did not have an adequate supply of disposable gloves.	4/2/12 <i>mmc</i>	
10	350.02	The administrator did not conduct an investigation of all incidents/accidents.	4/2/12 <i>mmc</i>	
Response Required Date March, 25, 2012	Signature of Facility Representative <i>Rhonda Repp</i>		Date Signed 2-24-12	





# Food Establishment Inspection Report

Establishment Name <u>Virginia Rose</u>		Operator <u>Phonda Repp</u>	
Address <u>2535 N Smile Rd</u>		City <u>Boise</u>	Zip <u>83707</u>
County <u>Ada</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:		Risk Category: <u>High</u>	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.			

<b>Critical Violations</b>	<b>Good Retail Practices</b>
# of Risk Factor Violations <u>2</u>	# of Retail Practice Violations _____
# of Repeat Violations _____	# of Repeat Violations _____
Score <u>2</u>	Score _____
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"/>
	<b>Employee Health (2-201)</b>		
<u>(Y)</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<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"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<u>(Y)</u> N	5. Clean hands, properly washed	<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"/>
	<b>Approved Sources</b>		
<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 <u>(N/A)</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<u>(Y)</u> N <u>(N/A)</u>	11. Food segregated, separated and protected (3-302)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/A)</u>	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 / reservice 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 <u>(N/O)</u> <u>(N/A)</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	16. Reheating for hot holding (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	17. Cooling (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	18. Hot Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	20. Date marking and disposition (3-501)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<u>(Y)</u> N <u>(N/A)</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<u>(Y)</u> N <u>(N/A)</u>	24. Additives / approved, unapproved (3-202.12)	<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"/>
	<b>Conformance with Approval Procedures</b>		
<u>(Y)</u> N <u>(N/A)</u>	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
<u>Bean Soup/Fryda</u>	<u>39.3</u>	<u>Chicken/steve</u>	<u>186</u>				
<u>Cottage Cheese/Fry</u>	<u>37.5</u>						

## 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. Utensils & 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) <u>Phonda Repp</u>	(Print) <u>Phonda Repp</u>	Title <u>Adm</u>	Date <u>2-24-12</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Colin K...</u>	Date <u>2-24-12</u>	Follow-up: (Circle One) <input checked="" type="radio"/> Yes <input type="radio"/> No



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

Page 2 of 2  
Date 2/24/12

Establishment Name Virginia Rose		Operator Rhonda Repp	
Address 205 N. Maple Grove		Boise ID 83704	
County ADA	Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

# 11 - There was chicken thawing in the fridge that was over a pizza - the chicken was put in a container to prevent raw chicken juice from spilling onto the pizza - COS - Chicken placed in container, pizza was removed/discarded and staff were educated on the appropriate practice.

# 20 - The facility did not date mark foods in the fridge after opening - COS - Educated staff and discarded bean soup that was not date marked.

Person in Charge Rhonda Repp	Date 2/24/12	Inspector [Signature]	Date 2/24/12
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