



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

May 29, 2012

Lisa Moore, Administrator
Riviera Residential Care - Ctm Enterprises
9766 W. Mossy Cup St
Boise, ID 83709

License #: Rc-752

Dear Mrs. Moore:

On March 8, 2012, a State Licensure and Complaint Investigation survey was conducted at Riviera Residential Care - Ctm Enterprises. 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW
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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March 8, 2012

Lisa Moore, Administrator
Riviera Residential Care - Ctm Enterprises
924 Riviera Drive
Boise, ID 83703

Dear Mrs. Moore:

On March 8, 2012, a State Licensure, Follow-Up and Complaint Investigation survey was conducted at Riviera Residential Care - Ctm Enterprises.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that twenty-two (22) non-core issue deficiencies were identified on the punch list and twelve (12) were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying evidence of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than April 7, 2012

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

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

Our staff is available to answer questions and to assist you in identifying appropriate corrections to

avoid further enforcement actions. 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 (RALF) program.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Simpson', written in a cursive style.

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

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R752	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2012
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NAME OF PROVIDER OR SUPPLIER RIVIERA RESIDENTIAL CARE - CTM ENTERPR	STREET ADDRESS, CITY, STATE, ZIP CODE 924 RIVIERA DRIVE BOISE, ID 83703
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(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
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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 and complaint survey conducted on 03/07/2012 through 03/08/2012 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		
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Bureau of Facility Standards	TITLE	(X6) DATE
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Riviera Residential Care	Physical Address 924 Riviera Drive	Phone Number 208-333-8050
Administrator Lisa Moore	City Boise	Zip Code 83703
Team Leader Gloria Keathley	Survey Type Licensure, Follow-up and Complaint	Survey Date 03/08/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.01	The facility nurse did not have a criminal history background check completed. **REPEAT**	5-18-12	
2	009.06.c	1 of 3 sampled staff records did not contain a state police only background check.	5-18-12	
3	210	The facility did not have an ongoing activity program for the residents. **REPEAT**	5-18-12	
4	220.02	The administrator did not sign Resident #3's admission agreement. **REPEAT**	4-17-12	
5	225.01	The facility did not evaluate behaviors for Residents # 2 and #3, such as Resident #2's history of threatening self harm behaviors. **REPEAT**	4-17-12	
6	225.02	The facility did not develop interventions regarding Resident #2 and #3's behaviors.	4-17-12	
7	250.08	The light fixture in the north hallway was not functional.	4-17-12	
8	250.13.i	A screen in one of the south end bedrooms was bent and not covering the window.	4-17-12	
9	260.03.a	Rubbish was allowed to accumulate outside the facility. **REPEAT**	4-17-12	
10	260.06	The facility was not maintained in a clean and orderly fashion; The carpet was dirty and spotted throughout the facility and there was a hole	5-29-12	
		in the carpet in a random resident's room, several closet doors were off their tracks, all bathroom caulking needed replaced around the	}	
		showers and toilets, a resident's bathroom had a hole in the wall and paint was splattered on the bathroom door, there were no globes over		
		ceiling fixtures, the cover was missing off of the thermostat, the outside patio awning was falling down, paint was chipping off the outside		
		back portion of the house and there was a strong urine odor in the south end bedroom. **REPEAT**		

Response Required Date 04/07/12	Signature of Facility Representative 	Date Signed 3-8-12
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Riviera Residential Care	Physical Address 924 Riviera Drive	Phone Number 208-333-8050
Administrator Lisa Moore	City Boise	Zip Code 83703
Team Leader Gloria Keathley	Survey Type Licensure, Follow-up and Complaint	Survey Date 03/08/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
11	310.04.e	The facility did not ensure psychotropic medication reviews were conducted every six months. **REPEAT**	5-16-12	
12	320.01	Resident #1 did not have a current NSA. Residents' NSAs were not implemented in regards to hygiene and showering, as residents were observed unkempt with body odor. **REPEAT**	5-16-12	
13	335.03	Paper towels and liquid hand soap were not available in a resident's bathroom to promote proper hand washing.	4-17-12	
14	405.05.f	A portable heater was observed in a resident's bedroom.	4-17-12	
15	403.01	The couch cushion needed repaired in the living room. The outside patio furniture was broken. **REPEAT**	4-17-12	
16	403.03	A resident's bed frame was broken and the mattress was not in good repair, it was observed to be concave and the plastic covering was torn.	4-17-12	
17	451.01.d	The facility did not follow their menu or make similar substitutions. Residents stated they ate cereal for breakfast and sandwiches for lunch most days. **REPEAT**	4-17-12	
18	451.02	Residents were not offered snacks between meals. **REPEAT**	4-17-12	
19	455	The facility did not maintain a seven day supply of non-perishable foods and a two day supply of perishable food, nor did they have the food necessary to meet the planned menu.	4-17-12	
20	711.04	The facility did not document a resident was informed of the consequences when he refused an ordered diet, nor was the physician notified.	4-17-12	

Response Required Date
04/07/12

Signature of Facility Representative

Date Signed

3-8-12



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 <u>Riviera Residential</u>		Operator <u>Lisa Moore</u>	
Address <u>924 Riviera Drive</u>			
County <u>ADA</u>	Estab #	EHS/SUR.#	Inspection time: <u>11:00 AM</u>
Inspection Type: <u>Standard</u>		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.			

# of Risk Factor Violations <u>3</u>	# of Retail Practice Violations <u>1</u>
# of Repeat Violations <u>3</u>	# of Repeat Violations <u>1</u>
Score <u>3</u>	Score <u>1</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
<input checked="" type="checkbox"/> 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)			
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
Good Hygienic Practices			
<input checked="" type="checkbox"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
Control of Hands as a Vehicle of Contamination			
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
Protection from Contamination			
<input checked="" type="checkbox"/> N	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="checkbox"/> N	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Advisory			
<input checked="" type="checkbox"/> N	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
Highly Susceptible Populations			
<input checked="" type="checkbox"/> N	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
Chemical			
<input checked="" type="checkbox"/> N	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
Conformance with Approved Procedures			
<input checked="" type="checkbox"/> 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
<u>milk</u>	<u>38°</u>	<u>chicken</u>	<u>45</u>	<u>Mash Potatoes</u>	<u>46°</u>		
<u>turkey</u>	<u>41</u>	<u>meatloaf</u>	<u>48</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 checked="" type="checkbox"/>	<input checked="" 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) <u>[Signature]</u>	(Print) <u>Lisa Moore</u>	Title <u>Admin</u>	Date <u>3-8-12</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Patrick Gray</u>	Date <u>3-7-12</u>	Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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

Page 2 of 2
Date 6-7-12

Table with 2 columns: Establishment Name, Operator, Address, County, Estab #, EHS/SUR.#, License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

19 Items in the refrigerator measured above 41. The potentials had...
20 Letters were not date-marked. Letters were discarded and the cook verbalized an understanding of the importance of date marking.
22 The facility did not have a consumer advisory posted despite serving hot-egg...
The letters were stored in unapproved containers such as Marmitta and cool-...
The cook verbalized an understanding of the necessity for using approved containers.

Person in Charge, Date, Inspector, Date



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March 8, 2012

Lisa Moore, Administrator
Riviera Residential Care - Ctm Enterprises
9766 W. Mossy Cup St
Boise, ID 83709

Dear Mrs. Moore:

An unannounced, on-site complaint investigation survey was conducted at Riviera Residential Care - Ctm Enterprises from March 7, 2012, to March 8, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005438

Allegation #1: The facility did not have food items available to meet the planned menu.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.455 for not having the food necessary to meet the planned menu. The facility was also issued a deficiency at IDAPA 16.03.22.451.01.d for not following their menu or making similar substitutions. The facility was required to submit evidence of resolution within 30 days.

Allegation #2: The facility did not maintain a seven day non-perishable supply of food and a two day supply of perishable foods.

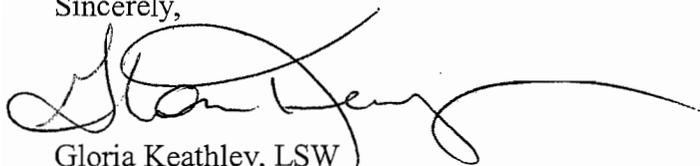
Findings #2: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.455 for not having a seven day non-perishable supply of food and a two day supply of perishable food. The facility was required to submit evidence of resolution within 30 days.

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 **03/08/2012**. 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.

Lisa Moore, Administrator
March 8, 2012
Page 2 of 2

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,

A handwritten signature in black ink, appearing to read "Gloria Keathley", with a long horizontal flourish extending to the right.

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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