



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

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 East 6th South
Mountain Home, ID 83647

License #: Rc-428

Dear Ms. Humpherys:

On March 13, 2013, a State Licensure and Complaint Investigation Survey was conducted at Cedar Crest Residential Care. 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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March 15, 2013

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 East 6th South
Mountain Home, ID 83647

Dear Ms. Humpherys:

A State Licensure and Complaint Investigation were conducted at Cedar Crest Residential Care between 03/11/2013 and 03/13/2013. 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 03/13/2013. 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: 13R428	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2013
NAME OF PROVIDER OR SUPPLIER CEDAR CREST RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EAST 6TH SOUTH MOUNTAIN HOME, ID 83647		
(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, follow-up and complaint investigation survey conducted on 3/11/2013 through 3/13/2013 at your facility. The surveyors conducting the survey were: Karen Anderson, RN Team Coordinator Health Facility Surveyor Rachel Corey, RN, BSN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Cedar Crest Residential Care	Physical Address 1200 East 6th South	Phone Number 208 587-9073
Administrator Charlene Humpherys	City Mountain Home	Zip Code 83647
Team Leader Karen Anderson	Survey Type Relicensure Follow-up + Complaint	Survey Date 03/13/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	220.02	The admission agreement needs to be updated to include how rates are calculated, what will happen when a resident transitions to Medicaid and the method to contest charges.	4/15/13	KA
2	225.02	The facility did not evaluate interventions for behaviors to determine effectiveness of the interventions used for Resident #'s 3, 4 & 5.	4/15/13	KA
3	305.06	The facility RN did not assess Resident #6's ability to self-inject his insulin or interpret his sliding scale of insulin dosage.	4/15/13	KA
4	310.01.d	Staff assisted Resident #3 and #5 with PRN medication, without current or clear orders. ***Previously cited on 2/24/11***	4/15/13	KA
5	305.07	The facility RN did not evaluate the effectiveness of Resident #6's insulin and notify the physician when his blood glucose was frequently above 350.	4/15/13	KA
6	310.04.e	Psychotropic medication reviews with behavior updates were not done every 6 months for Resident #1 and #3.	4/15/13	KA
7	711.01	The facility did not track behaviors for Resident #'s 3, 4 & 5.	4/15/13	KA
8	711.08.c	The facility did not document unusual events such as changes of condition and the facility's response. For example, Resident #6's ear infection and the treatment required.	4/15/13	KA

Response Required Date 04/12/13	Signature of Facility Representative <i>Charlene Humpherys</i> 3-13-2013	Date Signed
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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 <u>Cedar Crest</u>		Operator <u>Charlene Humphreys</u>	
Address <u>1205 E 6th S</u>			
County <u>Blaine</u>	Estab #	BHS/SUR.#	Inspection time: <u>1:11pm</u> Travel time:
Inspection Type: <u>Standard</u>	Risk Category: <u>1100</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 <input checked="" type="checkbox"/>	# of Retail Practice Violations <input checked="" type="checkbox"/>
# of Repeat Violations	# of Repeat Violations
Score <input checked="" type="checkbox"/>	Score <input checked="" type="checkbox"/>
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 N/A	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 N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/A	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 / reserve 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 N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<input checked="" type="checkbox"/> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<input checked="" type="checkbox"/> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<input checked="" type="checkbox"/> N N/A	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 N/A	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>Round beef</u>	<u>39</u>	<u>Ham</u>	<u>41</u>	<u>meat loaf</u>	<u>178</u>		
<u>Potatoes</u>	<u>185</u>	<u>Chicken</u>	<u>40.2</u>				

GOOD RETAIL PRACTICES (input checked = 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 label/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) <u>Charlene Humphreys</u> (Print) <u>Charlene Humphreys</u> Title <u>Admin</u> Date <u>3-13-2013</u>
Inspector (Signature) <u>[Signature]</u> (Print) <u>Russell Corry</u> Date <u>3-13-13</u> Follow-up: (Circle One) <u>Yes</u> <u>No</u>



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March 21, 2013

Charlene Humpherys, Administrator
Cedar Crest Residential Care
1200 East 6th South
Mountain Home, ID 83647

Dear Ms. Humpherys:

An unannounced, on-site complaint investigation survey was conducted at Cedar Crest Residential Care from Invalid Datetime, to Invalid Datetime. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005731

Allegation #1: Employee's visitors/children are allowed to run around in the kitchen during meal preparation.

Findings #1: On 3/11/13 through 3/13/13, observations and interviews were conducted with 12 residents, 5 family members, and 9 staff members from all three shifts. All individuals interviewed confirmed they had seen children in the facility, but they had not observed any children in the kitchen during meal prep or during meal service.

On 3/11/13 at 9:45 AM, an observation was made of an employee who had brought her daughter to work for a couple of hours due to transportation issues. The child was watching the television in a day area of the facility. The child was observed to come into the dining room during breakfast to ask her mother a question. She then left the dining room and went back to the day area to watch television.

On 3/11/13 at 12:10 PM, a resident's family member stated she visits the facility daily and sometimes staff members bring their children to work, but she had never seen children running around the facility, or in the kitchen during meal preparation.

On 3/12/13 at 3:30 PM, an evening caregiver stated, "Children absolutely are not allowed in the kitchen during meal preparation or meal service."

On 3/12/13 at 12:45 PM, a resident's family member stated she comes to the facility once or twice a day to have lunch with her sister. She stated she had never seen children running around in the kitchen.

On 3/13/13 at 11:22 AM, the administrator stated she was aware that staff sometimes would bring their children to work, and that the children were welcome at the facility. The administrator stated, residents have told her they enjoy seeing the children in the facility. She stated, she was not aware of any complaints regarding children being in the kitchen area. The administrator confirmed that having children in the kitchen during meal times would not be allowed, due to safety concerns and infection control issues.

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

Allegation #2: Employee visitors, who are strangers to the residents, assisted residents with cares.

Findings #2: On 3/11/13 through 3/13/13, observations and interviews were conducted with 5 family members, and 9 staff members, from all three shifts. All individuals interviewed stated they were not aware of a time when staff members' friends were allowed to assist any residents with cares. All 12 residents that could be interviewed stated they had not observed strangers or visitors providing assistance to residents with their care needs. They confirmed that only trained caregivers assisted residents.

On 3/11/13 at 12:10 PM, a resident's family member stated she visits the facility throughout the day and evenings. She stated she had not observed strangers assisting residents with cares. She said she knows all the staff who work at the facility and would recognize someone new. The resident's son and daughter were also present during the interview and stated they had not observed strangers providing cares to residents.

On 3/12/13 at 3:30 PM, an evening/night caregiver stated, she had not seen or heard about caregivers or staff allowing their friends to come in and assist the residents with cares.

On 3/12/13 at 12:45 PM, another resident's family member stated she comes to the facility once or twice a day since 2005, to have lunch and dinner with her sister. She stated during those eight years, she had never seen strangers providing cares or visitors of staff members providing cares to residents. The resident was interviewed and confirmed this practice had not happened.

Charlene Humpherys, Administrator

March 21, 2013

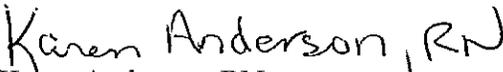
Page 3 of #3

On 3/13/13 at 11:22 AM, the administrator stated she was not aware that staff allowed their friends to assist residents with cares. She stated if staff did allow their friends to come in and assist residents with care, that would not be tolerated. The administrator stated there were enough residents that lived at the facility that would be able to report that kind of thing to her if it had happened.

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,


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

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