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

May 16, 2013

Sarina Burdan
The Cottages Of Boise
6300 North Roe Street
Boise, ID 83714

License #: Rc-938

Dear Ms. Burdan :

On March 15, 2013, a Complaint Investigation and state Licensure survey was conducted at Cottage Investors II LLC - The Cottages Of Boise. 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

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

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

March 19, 2013

Kristy Wagner, Administrator
The Cottages Of Boise
6300 North Roe Street
Boise, ID 83714

Dear Ms. Wagner:

A Complaint Investigation and State Licensure/Follow-up was conducted at The Cottages Of Boise between 3/14/13 and 3/15/13. 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 **03/15/2013**. 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,

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

rc/rc

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	13R938		03/15/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE INVESTORS, LLC DBA THE COTTA	6300 + 6352 NORTH ROE STREET BOISE, ID 83714

(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 survey conducted on 3/14/2013 through 3/15/2013 at your facility. The surveyors conducting the survey were: Rachel Corey, RN Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor Polly Watt-Geier, MSW 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
Cottages of Boise	6300 + 6352 N Roe St.	208 853-1255
Administrator	**City**	**Zip Code**
Kristy Wagner	Boise	83714
Team Leader	**Survey Type**	**Survey Date**
Rachel Corey	Licensure, Follow-up and Complaint	03/15/13

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	260.04.a	Chemicals were not secured.	4/17/13	
2	300.02	The facility nurse was not notified of all residents' changes of condition, so that an assessment could be conducted. For example:	5/16/13	
		Resident #1's increased weakness and loss of appetite, Resident #2's skin breakdown, Resident #3's skin tear, and several residents'		
		gastroenteritis symptoms.		
3	305.07	The facility RN did not evaluate Resident #6's sliding scale insulin usage.	4/17/13	
4	310.01	Not all medications were bubblepacked.	4/17/13	
5	335.03	Facility staff did not practice proper infection control techniques by washing hands in residents' rooms after assisting them with personal	4/17/13	
		cares. ***Previously cited on 6/14/11***	5/16/13	
6	350.02	The administrator did not investigate all incidents, accidents or document her investigation of Resident #3's injury of unknown origin.		
		~~***Previously cited on 6/14/11 & 1/5/12***~~		
7	711.11	Facility staff did not consistently document the reason medications were not given.	5/16/13	

Response Required Date	Signature of Facility Representative	Date Signed
04/14/13	Kristy Wagner	3/15/13

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

Bldg #1			
Establishment Name: Cottages of Boise		Operator: Kristy Wagner	
Address: 6300 N Roe St			
County: Ada	Estab #:	EHS/SUR #:	Inspection time: / Travel time:
Inspection Type: Licensure, Follow, Complaint	Risk Category:	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.

Critical Violations		Noncritical Violations	
# of Risk Factor Violations	3	# of Retail Practice Violations	Ø
# of Repeat Violations	Ø	# of Repeat Violations	Ø
Score	3	Score	0
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)		
(Y) N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
(Y) N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
(Y) N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
(Y) N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
(Y) N	5. Clean hands, properly washed (2-301)	☐	☐
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
(Y) N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
(Y) N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
(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)	☐	☐
(☒) N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☐	☐
(Y) N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
(Y) N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

		COS	R
	Potentially Hazardous Food (Time/Temperature)		
(Y) N N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
Y N (N/O) N/A	16. Reheating for hot holding (3-403)	☐	☐
Y N (N/O) N/A	17. Cooling (3-501)	☐	☐
Y N (N/O) N/A	18. Hot holding (3-501)	☐	☐
(Y) N N/O N/A	19. Cold Holding (3-501)	☐	☐
(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		
Y (N) N/A	22. Consumer advisory for raw or undercooked food (3-603)	☐	☐
	Highly Susceptible Populations		
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)	☐	☐
(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
Hard cheese (Lunch)	27.0						
Pulled Pork (Lunch)	[illegible]						

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): [signature] (Print): Kristy Wagner Title: Administrator Date: 3-15-13

Inspector (Signature): [signature] (Print): [illegible] Date: 3/15/13 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 3/15/13

Establishment Name	Operator
Cottages of Boise Bldg #1	Kristy Wagner
Address: 1300 N Roe St	
County: Ada / Estab # / EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#12 - Dishes and pans were washed by hand and then placed on the counter to air dry. The dishes were not sanitized with a bleach solution. Cos: Facility placed the dishes into the commercial dishwasher, which sanitized the dishes

#12 - The ice machine had a pop pipe that had a dark black substance inside the pipe. Cos: The ice was discarded, the pop pipe was cleaned and disinfected

#22 - The facility did not have a consumer advisory posted warning residents about undercooked eggs. Co: ~~Facility posted a consumer advisory/had residents~~ error PWG Facility had residents sign a consumer advisory, which was placed in thier records.

Person in Charge	Date	Inspector	Date
Kristy Wagner	3/15/13	Patty Watt-Lee	3/15/13

CFP00-02-02

Date 3-15-13 Page 1 of 1

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

Bld #2

Establishment Name: Cottage of Boise	Operator: Kristin Wagner
Address: 6352 N Rae Street	Boise 83714
County: Ada; Estab #: ; EHS/SUR #: 20828	Inspection time: ; Travel time:
Inspection Type: ; Risk Category: High	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.

Critical Violations	Noncritical Violations
# of Risk Factor Violations: 2	# of Retail Practice Violations: 0
# of Repeat Violations: 0	# of Repeat Violations:
Score: 2	Score: 0
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
Y N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	☐	☐
	Employee Health (2-201)		
Y N	2. Exclusion, restriction and reporting	☐	☐
	Good Hygienic Practices		
Y N	3. Eating, tasting, drinking, or tobacco use (2-401)	☐	☐
Y N	4. Discharge from eyes, nose and mouth (2-401)	☐	☐
	Control of Hands as a Vehicle of Contamination		
Y N	5. Clean hands, properly washed (2-301)	☐	☐
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
Y N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
Y N	8. Food obtained from approved source (3-101 & 3-201)	☐	☐
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)	☐	☐
Y N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	☒	☐
Y N	13. Returned / reservice of food (3-306 & 3-801)	☐	☐
Y N	14. Discarding / reconditioning unsafe food (3-701)	☐	☐

	Potentially Hazardous Food Time/Temperature	COS	R
Y N N/O N/A	15. Proper cooking, time and temperature (3-401)	☐	☐
Y N N/O N/A	16. Reheating for hot holding (3-403)	☐	☐
Y N N/O N/A	17. Cooling (3-501)	☐	☐
Y N N/O N/A	18. Hot holding (3-501)	☐	☐
Y N N/O N/A	19. Cold Holding (3-501)	☐	☐
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		
Y N N/A	22. Consumer advisory for raw or undercooked food (3-603)	☒	☐
	Highly Susceptible Populations		
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)	☐	☐
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
Beef Stew	39.7 °F			Chicken Salad	40.7 F		
Green Salad		Italian dressing	40.3 F	Vegetable tray	157.0 F		

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)

Kristin Wagner (Signature)	Kristin Wagner (Print)	Administrator Title	Date 3/15/13
Karen Anderson Inspector (Signature)	KAREN Anderson (Print)	Date 3/15/13	Follow-up: (Circle One) Yes No

IDAHO DEPARTMENT OF
HEALTH & WELFARE

Residential Assisted Living Facility Program, Medicaid L & C,
323 W. Elder Street, Boise, Idaho 83705 208-334-6626

Food Establishment Inspection Report

Date 3-15-13

Establishment Name	Operator
Cottages of Boise	Kristy Wagner
Address 6352 N Rose Street	
County Estab # ADA EHS/SUR # 20828	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#12 - The ice machine had a cracked P.V.C. pipe. Also, a dark black substance was observed inside the pipe and inside the door of ice machine.

COS: The ice was discarded, the pipe was replaced with a new pipe, and the ice machine was clean and disinfected.

#22 - The facility served eggs to order (over easy) without having a Food Advisory posted.

COS: The facility had residents sign a consumer advisory and placed the form in their records.

Person in Charge	Date	Inspector	Date
Kristy Wagner	3/15/13	Karen Anderson	3-15-13

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

March 21, 2013

Kristy Wagner, Administrator
The Cottages Of Boise
6300 North Roe Street
Boise, ID 83714

Dear Ms. Wagner:

An unannounced, on-site complaint investigation survey was conducted at Cottage Investors II LLC - The Cottages Of Boise from March 14, 2013, to March 15, 2013. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005709

Allegation #1: The administrator did not provide supervision to ensure a caregiver was appropriately trained to provide safe care to the residents.

Findings #1: Between 3/14/13 and 3/15/13, eight caregivers were interviewed separately and privately. Three caregivers were newly hired. All stated they received at least 16 hours of orientation, but many stated they received two days of training on residents' care needs and at least two days of training on medication assistance. They all stated the orientation training was sufficient to provide safe care to the residents. They further stated the facility nurse monitored them before they were delegated to assist with medications.

On 3/14/13 at 9:25 AM, the administrator stated the facility utilized a check list to guide the orientation process of newly hired caregivers. At least 16 hours of "shadowing" with a trained caregiver would be provided, before the caregiver would be allowed to work independently. She further stated, if a caregiver did not feel comfortable after the 16 hours, she had an "open door" policy and further orientation training would be provided. She stated she had not had any caregivers request additional training, but she monitored staff and would provide further training when warranted.

On 3/15/13 at 1:00 PM, the facility nurse stated caregivers were observed

assisting with medications and providing cares before she delegated to them. She further stated, she would not delegate any tasks to caregivers until they demonstrated competency.

During the survey, ten residents and four family members were interviewed. They all stated caregivers were well trained and competent at providing cares. The caregivers were observed providing cares to residents between 3/14 and 3/15/13, on different shifts. They were observed to provide appropriate care to the residents and were observed assisting with medications in a competent manner.

Seven staff records, of staff hired at different time periods, were reviewed. All of the records contained evidence of orientation training, nurse delegation and dementia training.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: Residents were not assisted with medications, or they were not assisted with them in a timely manner.

Findings #2: On 3/14/13 through 3/15/13, ten residents and four family members were interviewed. The residents stated they received their medications on time and had not heard of any residents ever complaining about not getting their medications. The family members stated they were unaware of a time when their loved ones did not receive their medications. During this time, eight medication aides were interviewed. They stated there was sufficient staff scheduled to assist residents with medications in a timely manner and they were unaware of a time when residents did not receive their medications.

On 3/14/13 at 9:30 AM, the administrator stated she was aware of a few minor medication errors, which were documented in the incident reports. She further stated, she was unaware of residents not getting their medications or receiving them late.

On 3/15/13 at 1:15 PM, the facility nurse stated she was unaware of a time when residents did not receive their medications. She stated she monitored medication errors and if a caregiver made a mistake their delegation may be pulled or further training would be conducted.

During the survey, three medication passes were observed. Residents were observed being assisted with medications as ordered and during the correct time-frame.

Hand written medication error reports were reviewed from August 2012 through March 15, 2013. There was no documentation indicating residents missed medications or that medications were assisted with at the incorrect time. In addition to the hand written reports, surveyors requested a report of missed medications, for which the medication computer system generated. The generated report documented some medications were not given to residents for reasons such as being out of the facility or for refusing a medication. There was no indication that residents were not assisted with medications, although their were a few entries, that were signed by staff as not given, without a documented reason.

Seven residents' records were reviewed. Medications assistance records documented medications were given according to physician's orders.

Unsubstantiated; however, the facility was issued a deficiency at 16.03.22.711.11 for not consistently documenting the reason medications were not given.

Allegation #3: Laundry was not done in a sanitary manner.

Findings #3: Between 3/14/13 and 3/15/13, eight caregivers and the administrator were interviewed. They stated it was the policy to wash each resident's laundry separately and apart from general linens. They further stated, clean clothes were not put back in laundry baskets to avoid contamination. During the survey, the laundry room and staff's laundry practices were observed on multiple occasions. Laundry was observed being washed and sorted in a sanitary manner.

Seven employee records contained documentation that they were trained regarding the employee's laundry procedure, which included washing each resident's laundry separately and apart from general linens.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #4: Some of the residents' prescription medications were not bubble packed.

Findings #4: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.01 for not ensuring that all medications were bubble packed. 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 **03/15/2013**. 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.

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,

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

rc/rc

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