



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0038  
PHONE: (208) 334-6626  
FAX: (208) 364-1888

May 26, 2011

Denise Sowell, Administrator  
Hayden View Cottage  
PO Box 1508  
Spirit Lake, ID 83869

License #: Rc-814

Dear Ms. Sowell:

On April 28, 2011, a State Licensure survey was conducted at Hayden View Cottage, Llc. 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid  
Team Leader  
Health Facility Surveyor  
Residential Assisted Living Facility Program



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May 6, 2011

Denise Sowell, Administrator  
Hayden View Cottage  
Po Box 1508  
Spirit Lake, ID 83869

Dear Ms. Sowell:

On April 28, 2011, a State Licensure survey was conducted at Hayden View Cottage, Llc. The facility was found to be providing a safe environment and safe, effective care to residents.

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 non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by May 28, 2011.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Donna Henscheid, LSW  
Health Facility Surveyor  
Residential Assisted Living Facility Program

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R814</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/28/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAYDEN VIEW COTTAGE, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1921 EAST HAYDEN VIEW DRIVE COEUR D ALENE, ID 83815</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 and follow-up survey conducted on 04/28/2011 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name Hayden View Cottage	Physical Address 1921 E Hayden View Drive	Phone Number 208-762-8112
Administrator Denise Sowell	City Coeur d' Alene	Zip Code 83815
Team Leader Donna Henscheid	Survey Type Licensure and Follow-up	Survey Date 04/28/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	225	Resident #1 did not have a behavior management plan (to include interventions) in place to address refusals of showers.	5/1/11	5/25/11 P/H
2	250.10	Water temperatures exceeded 120 degrees.	5/19/11	5/25/11 P/H
3	310.01.a	The medications in the fridge were not kept secured. *REPEAT PUNCH*	5/17/11	5/25/11 P/H
4	320.03	3 of 3 sampled residents' NSAs were not signed by all parties.	5/20/11	5/25/11 P/H
5	405.05.f	A portable heater was being used in a resident's room.	4/28/11	COS
6	460.02.b	More than 14 hours occurred between supper and breakfast. Serving breakfast as residents awaken is acceptable. However, two residents were awake prior to surveyors arrival and breakfast was not served until 8:30 AM.	5/6/11	5/25/11 P/H
7	600.01	The caregiver was asleep at 7:30 AM and two residents were observed up and awake at this time. Resident #2 requires night needs and the facility does not have up and awake staff.	5/6/11	5/25/11 P/H
8	630.01	2 of 4 staff did not have dementia training.	5/17/11	5/25/11 P/H
9	630.02	2 of 4 staff did not have mental illness training.	5/15/11	5/25/11 P/H
10	630.04	2 of 4 staff did not have traumatic brain injury training.	5/15/11	5/25/11 P/H

Response Required Date  
05/28/11

Signature of Facility Representative

Date Signed

5/20/11



# Food Establishment Inspection Report

Establishment Name <u>Hayden View Cottage</u>		Operator <u>Denise Sowell</u>	
Address <u>1921 East Hayden View Dr</u>		City <u>Hayden</u>	Zip <u>83812</u>
County <u>Kootenai</u>	Estab #	EHS/SUR.#	Inspection time: <u>8:00 AM</u>
Inspection Type: <u>Standard</u> Risk Category: <u>High</u>		Follow-Up Report: OR On-Site Follow-Up: Date: _____ Date: _____	

Critical Violations	Good Retail Practices
# of Risk Factor Violations <u>3</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations <u>0</u>	# of Repeat Violations <u>0</u>
Score <u>3</u>	Score <u>0</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

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

### 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	Potentially Hazardous Food Time/Temperature	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"/>	<input checked="" type="checkbox"/> N N/O N/A 15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Employee Health (2-201)</b>			<input checked="" type="checkbox"/> N N/O N/A 16. Reheating for hot holding (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N N/O N/A 17. Cooling (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>			<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	3. Eating, tasting, drinking, or tobacco use (2-401)	<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	4. Discharge from eyes, nose and mouth (2-401)	<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"/>
	<b>Control of Hands as a Vehicle of Contamination</b>			<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"/>
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Consumer Advisory</b>		
<input checked="" type="checkbox"/> N	7. Handwashing Facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> N N/A 22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Approved Sources</b>					
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Highly Susceptible Populations</b>		
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>
<input checked="" type="checkbox"/> N	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>			
	<b>Protection from Contamination</b>			<b>Chemical</b>		
<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 24. Additives / approved, unapproved (3-202.12)	<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 checked="" 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"/>
<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"/>	<b>Conformance with Approval Procedures</b>		
				<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>Beef</u>	<u>40.3</u>	<u>Meat Heat</u>	<u>39.7</u>	<u>Egg-fried</u>	<u>152°</u>		
<u>Turkey</u>	<u>40.6</u>	<u>Cottage cheese</u>	<u>38.7</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>Denise Sowell</u>	(Print) <u>Denise Sowell</u> Title <u>Adm</u> Date <u>4-28-11</u>
Inspector (Signature) <u>Rachel Corey</u>	(Print) <u>Rachel Corey</u> Date <u>4/28/11</u>
Follow-up: (Circle One) <u>Yes</u> / <u>No</u>	



Food Protection Program, Division of Health  
450 W. State Street, Boise, Idaho 83720-0036  
208-334-5938

Page 2 of 2  
Date 4/28/11

Establishment Name Hwyden View Cottage		Operator Denix Sawell
Address 1921 East Hwyden View		
County/Estab # L. 061/1011	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

- 5. A caregiver did not wash hands in between changing gloves. He was instructed on proper handwashing and was observed to wash hands appropriately. He remainder of the meal prep. COS 17
- 6. A caregiver prepared toast without wearing gloves. Caregiver instructed on glove usage. Caregiver verbalized an understanding of using gloves for ready to eat foods and was observed using gloves appropriately. He remainder of the meal prep. COS 17
- 12. Bleach solution measured too strong. The correct strength solution was prepared. 17 COS

Person in Charge 	Date 4-28-11	Inspector 	Date 4/28/11
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