



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 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

July 13, 2011

Amber Castillo, Administrator
Cottage Investors, Llc DbA The Cottages Of Mount
735 South 5th West
Mountain Home, ID 83647

License #: Rc-727

Dear Ms. Castillo:

On May 25, 2011, a Complaint Investigation and State Licensure survey was conducted at Cottage Investors, Llc DbA The Cottages Of Mountain Home. 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 plan of correction and evidence of resolution.

Should you have questions, please contact Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program



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May 26, 2011

Amber Castillo, Administrator
Cottage Investors, Llc DbA The Cottages Of Mount
735 South 5th West
Mountain Home, ID 83647

Dear Ms. Castillo:

On May 25, 2011, a Complaint Investigation and State Licensure survey was conducted at Cottage Investors, Llc DbA The Cottages Of Mountain Home. 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 June 24, 2011.

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

Sincerely,

Donna Henscheid
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: 13R727	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2011
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NAME OF PROVIDER OR SUPPLIER COTTAGE INVESTORS, LLC DBA THE COTTA	STREET ADDRESS, CITY, STATE, ZIP CODE 735 SOUTH 5TH WEST MOUNTAIN HOME, ID 83647
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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, complaint survey conducted on 05/24/2011 through 05/25/2011 at your facility. The surveyors conducting the survey were:</p> <p>Donna Henscheid, LSW Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p>	R 000		
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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 Cottages of Mountain Home	Physical Address 735 South 5th West	Phone Number (208) 850-1121 580
Administrator Amber Castillo	City Mountain Home	Zip Code 83647
Team Leader Donna Henscheid	Survey Type Licensure and Follow-up , <i>Complaint</i>	Survey Date 05/25/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	215.05	The facility administrator, facility nurse and hospice agency did not clearly document Resident #2's wound stages or that the wounds were healing bi-weekly to ensure the resident was appropriate for retention.	6-14-11	7/1/11 DH
2	220.02	The facility did not update admission agreements with the new rule requirements, for residents who resided at the facility prior to the rule changes. Additionally, the facility's admission agreements did not provide a complete reflection of the facility's charges.	5-26-11	7/1/11 DH
3	300.01	The facility RN did not complete a quarterly nursing assessment for Resident #1	5-24-11	7/1/11 DH
4	300.02	The facility RN did not assess Residents' #1, 2 and 3 when they returned from the hospital with a change in condition (For example: Resident #2's diet and wound changes and Resident #3's fractured hip). Additionally, the facility RN did not follow-up when Resident #3 had a possible infection from a cat scratch.	6-5-11	7/1/11 DH
5	305.02	The facility RN did not clarify and provide clear direction to staff regarding oxygen orders.	6-1-11	7/1/11 DH
6	310.04.a	The facility did not document interventions that were attempted prior to requesting behavioral modifying medications for Resident #2.	5-26-11	7/1/11 DH
7	350.04	The administrator did not provide a written response within 30 days to complainants.	5-26-11	7/1/11 DH
8	350.07	The facility did not notify Licensing and Certification of reportable incidents.	5-26-11	7/1/11 DH
9	740.02	The facility did not maintain three months of as served menus that reflected substitutions.	6-10-11	7/1/11 DH

Response Required Date 06/24/11	Signature of Facility Representative 	Date Signed 6-14-2011
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May 26, 2011

Amber Castillo, Administrator
Cottage Investors, Llc. Dba The Cottages Of Mount
735 South 5th West
Mountain Home, ID 83647

Dear Ms. Castillo:

An unannounced, on-site complaint investigation survey was conducted at Cottage Investors, Llc Dba The Cottages Of Mountain Home from 5/24/2011 to 5/25/2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004908

Allegation #1: The facility violated the residents' right to choose when to go to bed or when to get up.

Findings #1: On 5/25/2011 between 8:00 AM and 10:00 AM, residents were observed coming to the dining room at various times during a two hour timeframe. The residents were offered breakfast as they arrived.

On 5/24/2011 at 2:20 PM, the administrator stated breakfast started at 7:00 AM and residents "staggered in" as they got up.

Between 5/24/2011 and 5/25/2011, three residents, three family members and three staff members stated the residents were allowed to go to bed and get up when they desired.

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

Allegation #2: The facility did not provide activities.

Findings #2: On 5/25/2011 between 8:00 and 2:00 PM, the residents were observed reading the newspaper, folding linen and listening to music.

On 5/24/2011, eight residents interviewed, stated they were satisfied with the activities provided by the facility. One resident stated crafts, card making and music programs were offered frequently. Five residents stated, even if the facility offered more activities, they would not participate. Three family members interviewed stated they were satisfied with the activities provided by the facility.

On 5/25/2011, the administrator stated "there could always be more activities," but staff did what they could with the residents' varying abilities. She stated a corporate activities person and a bible study group came to the facility once a week for additional assistance with activities.

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

Allegation #3: The facility did not provide adequate staffing to meet the residents' needs.

Findings #3: Between 5/24/2011 and 5/25/2011, observations were conducted. All residents were observed to be well-groomed. Four resident records were reviewed and residents were observed receiving care according to their Negotiated Service

Agreements.

On 5/24/2011, eight residents were interviewed and stated their needs were being met. Three family members stated they had no concerns with the care provided by the facility. One family member stated she was "very pleased" with the care her mother received. Also, other family members stated the staff were "very caring" and the facility was "the most wonderful place."

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

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,



Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program



Food Establishment Inspection Report

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

Establishment Name: <u>Cottages of Mt. Home</u>		Operator: <u>Amber Castillo</u>	
Address: <u>735 S 5th W</u>		City: <u>Mt. Home</u>	Zip: <u>83647</u>
County: <u>Elmore</u>	Estab #: _____	EHS/SUR #: _____	Inspection time: <u>11:30 AM</u>
Inspection Type: _____		Risk Category: <u>High</u>	Follow-Up Report: OR On-Site Follow-Up:
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.		Date: _____	Date: _____

Critical Violations		Good Retail Practices	
# of Risk Factor Violations	<u>2</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>2</u>	Score	<u>4</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
<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"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<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"/>
	Control of Hands as a Vehicle of Contamination		
<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"/>
	Approved Sources		
<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 N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<u>Y</u> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	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 N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	16. Reheating for hot holding (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-403)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	18. Hot Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<u>Y</u> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N N/O N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N N/A	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"/>
	Conformance with Approval Procedures		
<u>Y</u> 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>Chicken, Turkey (bldge)</u>	<u>78°</u>	<u>Spaghetti Sauce</u>	<u>170°</u>				
<u>Spaghetti Sauce (bldge)</u>	<u>57°</u>	<u>(Stove)</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>[Signature]</u>	Amber Castillo (Print)	Administrator (Title)	Date: <u>5-25-11</u>
Inspector (Signature): <u>[Signature]</u>	Donna Henschel (Print)	Donna Henschel (Print)	Date: <u>5/25/11</u>
Follow-up: (Circle One)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Cottages of Mt. Home

Establishment Name <i>Cottages of Mt. Home</i>	Operator <i>Amber Castillo</i>
Address <i>735 S. 5th W</i>	
County Estab # <i>EMM1010</i>	EHS/SUR.# License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#17 Turkey Casserole and spaghetti sauce were found cooling improperly. (OS. Placed casserole + sauce in trays and instructed staff on proper venting and cooling procedure.)

#22 Staff cook eggs to order (over-easy.) (OS - provided computer advisory which they will display on bulletin board)

Person in Charge <i>[Signature]</i>	Date <i>5-25-11</i>	Inspector <i>[Signature]</i>	Date <i>5/25/11</i>
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