



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 6, 2011

Adi Mihalache, Administrator
Spaulding House
1709 Spaulding Street
Boise, ID 83705

FILE COPY

License #: Rc-743

Dear Mr. Mihalache:

On June 22, 2011, a Complaint Investigation and Licensure survey were conducted at Spaulding House. 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 Matt Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matt Hauser
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

MH/mh

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R743	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/22/2011
NAME OF PROVIDER OR SUPPLIER SPAULDING HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1709 SPAULDING STREET BOISE, ID 83705		
(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, complaint and follow-up survey conducted on 6/21/11 through 6/22/11 at your facility. The surveyors conducting the survey were:</p> <p>Matt Hauser, QMRP Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p> <p>Karen Anderson, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



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>Scaulding House</u>		Operator <u>Adi Mihalicke</u>	
Address <u>1709 Scaulding St</u>			
County <u>ADA</u>	Estab# <u>208287</u>	Inspection time:	Travel time:
EHS/SUR# <u>208287</u>		Risk Category: <u>High</u>	
Inspection Type:		Follow-Up Report: OR On-Site Follow-Up:	
Date:		Date:	

# 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>10</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 (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
Approved Source			
<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 (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/O N/A	17. Cooling (3-501)	<input 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 checked="" 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 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 (3-207)	<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 Approved 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/O = not observed
COS = Corrected on-site
N = no, not in compliance
N/A = not applicable
R = Repeat violation
 = COS or R

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<u>Cottage Cheese</u>	<u>39°</u>						
<u>Rice</u>	<u>59°</u>						

GOOD RETAIL PRACTICES (X = 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. Insect 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. 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>Adi Mihalicke</u>	(Print) <u>ADI MIHALICKE</u>	Title	Date <u>6.22.11</u>
Inspector (Signature) <u>Karen Anderson</u>	(Print) <u>KAREN ANDERSON</u>	Date <u>6/22/11</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input type="checkbox"/>



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

Page 2 of 2
Date 6/22/11

Establishment Name Scandinave House	Operator Adi mihalache
Address 1709 Spaulding St	
County Estab # ADA	EHS/SNR # 20828
License Permit #	

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#16: Kitchen staff did not use gloves when chopping celery for use in a tuna salad.
COS: Instructed staff members to use gloves when preparing or handling ready-to-eat foods.

pre-
#20: Opened food was being stored in the refrigerator without being dated or labeled.
COS: Instructed staff to label & date opened or left over food to ensure food is still within the allowed 7 days.

Person in Charge Adi MIHALACHE	Date 6/22/11	Inspector Kären Anderson	Date 6/22/11
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June 23, 2011

Adi Mihalache, Administrator
1709 Spaulding Street
Boise, ID 83705

FILE COPY

Dear Mr. Mihalache:

An unannounced, on-site complaint investigation survey was conducted at Spaulding House from June 21, 2011, to June 22, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005024

Allegation #1: The facility restrained an identified resident when he was out of control and did not complete an incident report.

Findings #1: On 6/21/11 at 10:30 AM, the facility manager was interviewed and stated there was an incident report completed. She further stated, the identified resident "blew up", yelled and kicked the walls and closet doors. He also attempted to kick and punch her. She said 911 was called and the resident was left in his room to calm down until the police arrived. The resident then went outside on the patio to smoke while waiting for the police to arrive.

On 6/21/11, the facility manager provided the survey team with the incident report, dated 2/17/11, regarding the identified resident. The incident report documented the identified resident had destroyed some property and threatened staff after becoming upset and the police were called. The identified resident calmed down and chose to wait outside on the patio for the police.

On 6/21/11 at 11:30 AM, another resident who resided at the facility stated the identified resident had an outburst, had destroyed some property and the police were called. The other resident described the incident and the details were congruent with the incident report.

On 6/21/11 at 2:00 PM, an outside service provider for the identified resident was interviewed and stated the identified resident's original version of what

happened was congruent with the information on the incident report. He further stated the identified resident did not mention being restrained when he told him about the incident. He had no concerns with the facility's response to the incident.

Conclusion #1: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: The facility did not give an identified resident all of his personal belongings when he moved out.

Findings #2: On 6/21/11, the identified resident's closed record was reviewed. A hand written receipt, dated 2/22/11, signed by the identified resident's outside service provider and facility manager, documented the outside service provider received the resident's belonging and all of his stuff.

On 6/21/11 at 10:30 AM, the facility manager stated all of the identified resident's belongings had been returned to him through an outside service provider and the provider signed a receipt for the items. She further stated, she thought the identified resident may have lost a few of his stuffed animals after he had stayed at a local homeless shelter.

On 6/21/11 at 2:00 PM, an outside service provider for the identified resident stated the resident may have destroyed a couple of his stuffed animals, but other than the stuffed animals, all of the resident's personal belongings were returned to the resident when he moved out of the facility. He further stated the identified resident had memory issues and may not remember what happened to the stuffed animals.

Conclusion #2: Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Please understand that we cannot always find evidence that corroborates or substantiates the events that you shared with us in order to resolve the problem completely. When the allegation is referred to as "unsubstantiated," it means that noncompliance with a regulation could not be proven. It does not mean that an incident did not occur or that a family member/visitor did not witness a problem.

Thank you for your concern regarding the quality of care and life of individuals living at Spaulding House. If you have any questions or concerns regarding our visit, please call us at (208) 334-6626.

Adi Mihalache

June 23, 2011

Page 3 of 3

Sincerely,

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

Matt Hauser

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

MH/mh

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

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