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

August 1, 2011

Rhonda Hamett, Administrator
Country Cottage Assisted Living
3652 North 2500 East
Twin Falls, ID 83301

License #: Rc-596

Dear Ms. Hamett:

On June 29, 2011, a Complaint Investigation and State Licensure survey was conducted at Country Cottage Assisted Living. 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 Rae Jean McPhillips, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rae Jean McPhillips, RN, BSN

Rae Jean McPhillips, RN, BSN
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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July 6, 2011

Rhonda Hamett, Administrator
Country Cottage Assisted Living
3652 North 2500 East
Twin Falls, ID 83301

Dear Ms. Hamett:

Congratulations to both you and your staff on your recent survey. Enclosed please find your ***Silver Excellence in Care*** award. The silver award is reserved for facilities that pass their standard health care survey with three or fewer non-core deficiencies.

This award demonstrates that you have worked exceptionally hard to meet all of the requirements set forth in the Rules for Residential Care or Assisted Living Facilities. Thank you for providing superior care, and ensuring the residents you serve live in a clean and safe environment.

Continuing to meet the needs of your residents – while meeting the administrative needs of your business – is a daily commitment to quality, ongoing assessment, service planning, and consistent provision of services to each and every resident. The greater challenge is, of course, to be able to work as a team to provide this high level of caring and service day after day, week after week, year after year.

Again, **Congratulations** to you and your staff for a job well done. I challenge you to keep this same high standard.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

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July 1, 2011

Rhonda Hamett, Administrator
Country Cottage Assisted Living
3652 North 2500 East
Twin Falls, ID 83301

Dear Ms. Hamett:

On June 29, 2011, a Complaint Investigation and State Licensure survey was conducted at Country Cottage Assisted Living. 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 and were identified as repeat punches. As explained during the exit conference, the completed punch list form and accompanying proof of resolution (e.g., receipts, photographs, policy updates, etc.) needs to be submitted to our office no later than July 29, 2011

If the facility fails to submit acceptable evidence of resolution within sixty (60) days from when the facility was found out of compliance, or on a subsequent survey visit, and it is determined that any of these deficiencies still exist, the Department will have no alternative but to initiate the enforcement of civil monetary penalties, as described in IDAPA 16.03.22.910.02 and IDAPA 16.03.22.925.

Please ensure the facility is continually monitoring its compliance with state rules, as further repeat punches identified during future surveys could result in enforcement actions including:

a. Issuance of a provisional license
b. Limitations of admissions to the facility
c. Hiring a consultant who submits periodic reports to the Licensing and Certification
d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. 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 (RALF) program.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Program Supervisor
Residential Assisted Living Facility Program

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	13R596		06/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY COTTAGE ASSISTED LIVING	3652 NORTH 2500 EAST TWIN FALLS, ID 83301

(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 June 29, 2011 at your facility. The surveyors conducting the survey were: Rae Jean McPhillips, RN Team Coordinator Health Facility Surveyor Karen Anderson, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

Reset Form | Print Form

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
Country Living	3652 N 2500 East	208 736-1856
Administrator	**City**	**Zip Code**
Rhonda Hammett	Twin Falls	83301
Team Leader	**Survey Type**	**Survey Date**
RaeJean McPhillips	Licensure, Follow-up and Complaint	06/29/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.04	The facility did not have 2 of 5 staff submit their fingerprints for criminal history background checks within 21 days of hire.	8/1/11 Rm	
2	310.04.e	The facility did not provide behavioral updates to physicians every six months to help facilitate an informed decision for continued		
		use of the psychotropic or behavioral modifying medication. ***REPEAT***	8/1/11 Rm	
3	630.02	Five of 5 staff did not have documented evidence of mental illness training. ***REPEAT***	8/1/11 Rm	

Response Required Date	Signature of Facility Representative	Date Signed
7/29/11	Rhonda Hammett	6/29/11

Date 6/29/11 Page 1 of 2

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

Critical Violations		Good Retail Practices	
# of Risk Factor Violations	1	# of Retail Practice Violations	
# of Repeat Violations	0	# of Repeat Violations	
Score	1	Score	
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	

Establishment Name: Country Living Cottages	Operator: Rhonda Hammett
Address: 3652 N 2550 E	City: Twin Falls Zip: 83301
County / Estab # / EHS/SUR #	Inspection time: / Travel time:
Inspection Type: / Risk Category: High	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.

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	☐	☐
(Y) N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
(Y) N	7. Handwashing Facilities (5-203 & 6-301)	☐	☐
	Approved Sources		
(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 (3-401)	☐	☐
Y N (N/O) N/A	17. Cooling (3-403)	☐	☐
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)	☐	☐
Y N N/O N/A	**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 (3-202.12)	☐	☐
(Y) N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	☐	☐
	Conformance with Approval 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
pack roast - Frig	38°						
pasta/chicken - Frig	38.5°						

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. Utensils & 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): Rhonda Hammett Title: Admin Date: 6/29/11

Inspector (Signature): [signature] (Print): Date: 6/29/11 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 6/29/11

Establishment Name	Operator
Country Living Cottages	Rhonda Hummett
Address: 3652 N 2500 E	Twin Falls
County / Estab # / EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#1: Dried beans were stored in an old soap container

COS - beans were removed from facility. new storage container was obtained

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PHONE: (208) 334-6626
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July 11, 2011

Rhonda Hamett, Administrator
Country Cottage Assisted Living
3652 North 2500 East
Twin Falls, ID 83301

Dear Ms. Hamett:

An unannounced, on-site complaint investigation survey was conducted at Country Cottage Assisted Living from Invalid Datetime, to Invalid Datetime. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00004950

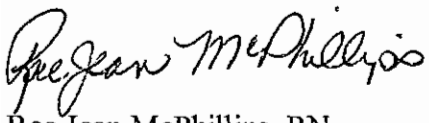
Allegation #1: The facility forced residents to retain health services they did not want.

Findings #1: Unsubstantiated. On 6/29/11 from 7:30 AM until 9:00 AM, six of the facility's seven residents were individually interviewed. The seventh resident was ill and was not interviewed. Three of the residents attended an outside group support service three days a week for four hours a day. The other four residents attended another group support service five days a week for four hours a day. All six residents denied they were forced to participate in the outside support groups. They stated that if they did not want to attend, or were sick, they stayed home at the facility. Further, all six residents stated they choose to attend the group services and enjoyed going.

On 6/29/11 at 8:20 AM, the administrator stated the residents were not forced to attend anything they did not want. She stated it was a policy of the facility for residents to become active in some type of outside activity, such as a part time job, volunteerism, or a day program. She said the facility worked with individual residents, outside service agencies, and employers in the community to assist the resident in finding the "correct" fit for them. She stated staff were always available at the facility if the residents were there or not. Additionally, she stated residents were allowed to stay home if they did not want to attend their outside groups or were ill.

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,



Rae Jean McPhillips, RN
Health Facility Surveyor
Residential Assisted Living Facility Program

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