



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 7, 2011

Melissa Wolfe, Administrator  
Curtis House Llc  
1000 South Curtis Road  
Boise, ID 83705

Dear Ms. Wolfe:

On July 6, 2011, a State Licensure and follow-up survey was conducted at Curtis House 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 six non-core issue deficiencies were identified on the punch list and one was identified as repeat punch. 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 August 5, 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, 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,

A handwritten signature in black ink, appearing to read 'Jamie Simpson', written in a cursive style.

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:  <b>13R944</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/06/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CURTIS HOUSE LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 SOUTH CURTIS ROAD BOISE, ID 83705</b>
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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
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 survey conducted on 07/05/11 through 07/06/11 at your facility. The surveyors conducting the survey were:</p> <p>Gloria Keathley, LSW Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name CURTIS HOUSE LLC	Physical Address 1000 South Curtis Rd	Phone Number 208-384-0553
Administrator Melissa Wolfe	City Boise	ZIP Code 83705
Survey Team Leader Gloria Keathley, LSW	Survey Type Licensure/follow-up	Survey Date July 6, 2011

**NON-CORE ISSUES**

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	210	The facility did not provide an on-going activities program per state rule.	8-29-11	
2	250.10	The facility water temperature exceeded 120 degrees Fahrenheit.	8-22-11 GK	
3	260.06	The facility was not maintained in a clean sanitary manner: A) Both bathroom vents and the hallway vent needs to be cleaned. B) Rooms 3, 4, and 9, needs to be cleaned, picked up. C) The caulking around both resident toilets needs to be cleaned or re-caulked. D) The bathroom door by the smoke room has a hole in it. E) The shower door in the bathroom near the long hallway has mold build-up. F) The wing back chair in the living room needs to be cleaned. G) The range in the kitchen (oven) needs to be cleaned. H) Linoleum in the kitchen under the sink needs to be repaired. I) The carpet is stained in room 3. J) The exterior vent in the southwest corner of the building needs repair. K) There is a bump (raised area) in the roof over room 4.	Repeat 8-22-11	
4	310.01.a	All meds need to be secured, including meds for residents which self-medicate and are kept in their rooms.	8-22-11	
5	310.01.c	The temperature in the refrigerator containing medications must be monitored (and documented) on a daily basis.	8-22-11	
6	711.04	There was no documentation in Resident #1's record regarding the consequences of his refusals with ADL's or notification to his physician regarding these refusals.	8-22-11	

Response Required Date August 5, 2011	Signature of Facility Representative 	Date Signed 7/6/11
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Food Protection Program, Office of Epidemiology
450 West State Street, Boise, Idaho 83702 208-334-5938

Establishment Name: Curtis House LLC, Operator: Melissa Wolfe, Address: 1000 S. CURTIS Rd, City: Boise, ID 83703, County: ADA, EHS/SUR.#, Inspection time, Travel time, Risk Category: H16H, Follow-Up Report: OR On-Site Follow-Up: Date: Date:

Table with 2 columns: Critical Violations and Good Retail Practices. Rows include # of Risk Factor Violations (1), # of Repeat Violations (2), Score (1), # of Retail Practice Violations (2), # of Repeat Violations (2), Score (2), and summary rows for scores greater than 3 Med or 5 High-risk.

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

Table with 4 columns: Item, COS, R. Rows include Demonstration of Knowledge (2-102), Employee Health (2-201), Good Hygienic Practices, Control of Hands as a Vehicle of Contamination, Approved Sources, and Protection from Contamination.

Table with 4 columns: Item, COS, R. Rows include Potentially Hazardous Food Time/Temperature, Consumer Advisory, Highly Susceptible Populations, Chemical, and Conformance with Approval Procedures.

Y = yes, in compliance; N/O = not observed; COS = Corrected on-site; N = no, not in compliance; N/A = not applicable; R = Repeat violation; [X] = COS or R

Table with 8 columns: Item/Location, Temp, Item/Location, Temp, Item/Location, Temp, Item/Location, Temp. Includes handwritten entries for cottage cheese and yogurt.

GOOD RETAIL PRACTICES (X = not in compliance)

Table with 12 columns: Item, COS, R. Rows include 27. Use of ice and pasteurized eggs, 28. Water source and quantity, 29. Insects/rodents/animals, 30. Food and non-food contact surfaces, 31. Plumbing installed, 32. Sewage and waste water disposal, 33. Sinks contaminated, 34. Food contamination, 35. Equipment for temp. control, 36. Personal cleanliness, 37. Food labeled/condition, 38. Plant food cooking, 39. Thawing, 40. Toilet facilities, 41. Garbage and refuse disposal, 42. Food utensils/in-use, 43. Thermometers/Test strips, 44. Warewashing facility, 45. Wiping cloths, 46. Utensils & single-service storage, 47. Physical facilities, 48. Specialized processing methods, 49. Other.

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature): Melissa Wolfe, Title: ad p... none, Date: 7/6/11. Inspector (Signature): [Signature], Date: July 10, 2011. Follow-up: (Circle One) Yes No.



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

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Date July 6, 2011

Establishment Name Cooks House LLC		Operator Melissa Wolfe	
Address 7000 S. Curtis Rd		Boise 83705	
County ADA	Estab #	BHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

17. Cottage cheese sampled @ 47.0° and yogurt @ 44.6°. Both had been in the refrigerator. CPS = both throw out.

*[Handwritten signature]*

7/6/11

Person in Charge <i>[Signature]</i>	Date 7/6/11	Inspector Alicia A. [Signature]	Date July 6, 2011
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