



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 11, 2011

Trista Wolfe, Administrator  
Quaker Ridge  
2087 South Tollgate Way  
Boise, ID 83709

Dear Ms. Wolfe:

On July 11, 2011, a State Licensure and follow-up survey was conducted at Quaker Ridge. 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 August 10, 2011.

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

Sincerely,

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

JS/gk

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R563</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/11/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>QUAKER RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3749 QUAKER RIDGE DRIVE MERIDIAN, ID 83642</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
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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 and follow-up survey conducted on 07/07/11 through 07/11/11 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		
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Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Quaker Ridge	Physical Address 3749 Quaker Ridge Dr	Phone Number 208-895-8819
Administrator Trista Wolfe	City Meridian	ZIP Code 83642
Survey Team Leader Gloria Keathley, LSW	Survey Type licensure/follow-up survey	Survey Date 7/8/11

**NON-CORE ISSUES**

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	3 of 3 staff did not have State Police background checks completed.	8-22-11	
2	210	The facility did not provide activities per state rule.	8-22-11	
3	220	A) The administrator did not sign Resident #1&3's admission agreements. B) Resident #1 did not sign their admission agreement.	8-22-11	
4	260.06	The facility was not maintained in a clean, safe and orderly manner: A) There is an accumulation of weeds in front yard B) The handrails on front and back porch need painting. The front and back deck needs painting. The soffits around the house needs painting. C) The back deck needs repair. D) There is an accumulation of empty cans in the back yard. E) Carpet throughout the facility is dirty, has stains or spots. The carpet is torn and needs to be repaired by the front door. F) 2 chairs on the back patio are torn and a 3 <sup>rd</sup> is broken.	8-22-11	
5	310.04.e	A) 3 of 3 residents did not have documentation of 6 month psychotropic medication reviews by their physicians, nor B) did the facility provide behavioral information to the physicians.	8-29-11	
6	320.01	The facility administrator did not complete NSA's with-in 14 days of admission for Resident's #1&3.	8-29-11	
7	350.02	The facility administrator did not complete an investigation and written report of all complaints.	8-29-11	
8	350.04	The facility did not complete a written response to a complainant within 30 days.	8-29-11	
9	560.04	The facility did not have a resident rights poster displayed in the facility.	8-22-11	
10	711.08.e	There was no documented evidence staff notified the facility RN when residents had a change in condition and/or when medications were held.	8-29-11	

Response Required Date

Signature of Facility Representative

Date Signed

8/7/2011  
8/10/11

7-11-11



# Food Establishment Inspection Report

Establishment Name <u>Maker Ridge</u>		Operator <u>Trista Wolfe</u>	
Address <u>3749 Quaker Ridge Dr</u>		City <u>Meridian</u> Zip <u>83676</u>	
County <u>Ada</u>	Estab #	EHS/SUR.#	Inspection time: _____ Travel time: _____
Inspection Type:	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>0</u>	# of Retail Practice Violations <u>0</u>
# of Repeat Violations _____	# of Repeat Violations _____
Score _____	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

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
<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"/>
	<b>Employee Health (2-201)</b>		
<u>(Y)</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Good Hygienic Practices</b>		
<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"/>
	<b>Control of Hands as a Vehicle of Contamination</b>		
<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"/>
	<b>Approved Sources</b>		
<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 <u>(N/A)</u>	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Protection from Contamination</b>		
<u>(Y)</u> N <u>(N/A)</u>	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/A)</u>	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 <u>(N/O)</u> <u>(N/A)</u>	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	16. Reheating for hot holding (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	17. Cooling (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	18. Hot Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<u>(Y)</u> N <u>(N/A)</u>	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<u>(Y)</u> N <u>(N/O)</u> <u>(N/A)</u>	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<u>(Y)</u> N <u>(N/A)</u>	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"/>
	<b>Conformance with Approval Procedures</b>		
<u>(Y)</u> N <u>(N/A)</u>	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</u> <u>Fridge</u>	<u>38.3</u>	<u>Soup</u> <u>Stove</u>	<u>170</u>				
<u>Yogurt</u> <u>Fridge</u>	<u>38</u>	<u>Hot dogs</u> <u>Stove</u>	<u>177</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> (Print) <u>Donna Graw</u> Title <u>RM</u> Date <u>7-11-11</u>	Follow-up: (Circle One) Yes <u>(No)</u>
Inspector (Signature) <u>[Signature]</u> (Print) <u>Cherie Heath</u> Date <u>7/11/11</u>	