IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – GOVERNOR
RICHARD M. ARMSTRONG – DIRECTOR

LESLIE M. CLEMENT—DEPUTY DIRECTOR
RANDY MAY —DEPUTY ADMINISTRATOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

August 29, 2011

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
Po Box 177
Spirit Lake, ID 83869

Dear Mr. Mikesell:

On August 25, 2011, a Complaint Investigation and State Licensure survey was conducted at Rose Terrace Country Homes. 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 September 24, 2011.

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

Sincerely,

Donna Henscheid

Donna Henscheid, LSW
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
	13R807		08/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE TERRACE COUNTRY HOMES	5672 WEST RHODE ISLAND SPIRIT LAKE, ID 83869

(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 survey conducted on 08/24/11 through 08/25/11 at your facility. The surveyors conducting the survey were: Donna Henscheid, LSW Team Coordinator Health Facility Surveyor Gloria Keathley, LSW Health Facility Surveyor Maureen McCann, RN Health Facility Surveyor	R 000		

Bureau of Facility Standards

TITLE (X6) DATE

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

IDAHO DEPARTMENT OF HEALTH & WELFARE

MEDICAID L & C – RALF PROGRAM
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

COPY

ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Rose Terrace Country Homes	5672 West Rhode Island	208-623-6154
Administrator	**City**	**ZIP Code**
Jeffrey Mikesell	Spirit Lake	83869
Survey Team Leader	**Survey Type**	**Survey Date**
Donna Henscheid	Licensure, Complaint + Follow-up	8/~~26~~ 25/11 DH

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L & C USE
1	009.01	1 of 5 staff members did not have a criminal history and background check completed.	DH	10/20/11
2	009.04	2 of 5 staff did not have finger prints done within 21 days of hire.		
3	153.01	The facility did not have an updated abuse policy.	DH	10/11/11
4	220	The facility did not have updated admission agreements to meet current rules.	DH	10/11/11
5	250.10	Water temperatures exceeded 120°.	DH	10/14/11
6	250.13	Not all bedrooms had closet doors.		11/14/11
7	260.06	The carpet was dirty and worn in the residents rooms and common areas. Room #9's walls were not painted. A cabinet in bathroom had missing drawer front. Urine odor detected in rooms throughout facility. Room #9's shower had a residue around the base. * Repeat Punch *	DH	10/11/11
8	305.02	Not all medication orders were not current for Resident #1.	8/26/11	COS
9	310.01.a	Medications were not secured.	DH	10/11/11
10	320.01	Resident #1's NSA needs to be updated to reflect current needs.	DH	10/11/11

Response Required Date	Signature of Facility Representative	Date Signed
9/25/11 9/24/11	Rose A Mike, Adm Design	8-25-11

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
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
Rose Terrace Country Homes	5672 West Rhode Island	208-623-6154
Administrator	**City**	**ZIP Code**
Jeffrey Mikesell	Spirit Lake	83869
Survey Team Leader	**Survey Type**	**Survey Date**
Donna Hensebeid LSW	Licensure, Complaint + Follow-up	25 DH 8/26/11

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
11	320.03	NSAs were not signed and dated by all parties after each review/change.	DH 10/14/11	
12	350.05	The facility did not report an allegation of abuse to Adult Protection.	DH 10/14/11	
~~13~~	~~550.12.d.ii~~	error DH		

Response Required Date	Signature of Facility Representative	Date Signed
~~9/25/11~~ 9/24/11	[illegible] Admin Designee	8-25-11

IDAHO DEPARTMENT OF HEALTH & WELFARE

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P.O. Box 83720
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August 29, 2011

Jeffrey Mikesell, Administrator
Rose Terrace Country Homes
Po Box 177
Spirit Lake, ID 83869

Dear Mr. Mikesell:

An unannounced, on-site complaint investigation survey was conducted at Rose Terrace Country Homes from August 24, 2011, to August 25, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005091

Allegation #1: An identified employee did not complete fingerprinting until 5/31/11, but had been working at the facility since 4/14/11.

Findings #2: Substantiated. The facility was issued deficiencies at IDAPA 16.03.22.009.01 and IDAPA 16.03.22.04 for not completing criminal history and background checks appropriately.

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

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

Date 8/25/11 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

Establishment Name	Operator
Rose Terrace Country Homes	Jeffery Mulesell
Address: 5672 W. Rhodes Island	City: Spirit Lake Zip: 83869
County: Kootenai 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.

Critical Violations		Good Retail Practices	
# of Risk Factor Violations	3	# of Retail Practice Violations	
# of Repeat Violations		# of Repeat Violations	
Score	3	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	

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

		COS	R
	Demonstration of Knowledge (2-102)		
(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)	☐	☐

		COS	R
(Y) N N/O N/A	**Potentially Hazardous Food Time/Temperature**		
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
Potato Soup / Fridge	40	Hashbrowns / Stove	175	Potato Salad / Fridge	43.1		
French Toast / Stove	176	Chicken / Fridge	38	Mashed Potatoes / Fridge	48.		

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) [illegible] (Print) Rose Ann Miller Title Office Date

Inspector (Signature) [illegible] (Print) Gloria Hall Date 8/25/11

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 8/25/11

Establishment Name	Operator
Cox Terrace Country Homes	Jeffery Milesell
Address: 5672 W Rhode Island	Spirit Lake
County: Kootenai Estab # EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

#11 - Eggs were stored over ready to eat foods - COS - Eggs moved to the bottom of the fridge - Caregivers educated on the importance of seperating foods and on contamination.

#17 - Cooked chicken placed in fridge while still hot - Chicken removed and staff educated on cooling procedures and time frames - Chicken cooled appropriately.

#19 - Potato Salad and mashed potatoes temped above the allowable temperature of 41° - Mashed potatoes at 48, potato Salad at 43° both items removed and discarded - Staff adjusted the fridge controls & will monitor temperatures.

Person in Charge	Date	Inspector	Date
[signature]		[signature]	8-25-11

CFP00-02-02