



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

October 14, 2011

Jennifer Pomeroy, Administrator
Regency Columbia Village, Llc
3521 East Lake Forest Drive
Boise, ID 83716

Dear Ms. Pomeroy:

On October 13, 2011, a State Licensure, follow-up and Complaint Investigation survey was conducted at Regency Columbia Village, 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 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 November 12, 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: 13R787	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2011
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NAME OF PROVIDER OR SUPPLIER REGENCY COLUMBIA VILLAGE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3521 EAST LAKE FOREST DRIVE BOISE, ID 83716
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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, follow-up and complaint survey conducted on 10/11/2011 through 10/13/2011 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> <p>Rae Jean McPhillips, RN Health Facility Surveyor</p> <p>Matt Hauser, QMRP 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

STATE FORM

6899

ZFPH11

If continuation sheet 1 of 1



Facility Name Regency Columbia Village, LLC	Physical Address 3521 East Lake Forest Drive	Phone Number 208-344-2954
Administrator Jennifer Pomeroy	City Boise	ZIP Code 83716
Survey Team Leader Gloria Keathley, LSW	Survey Type Licensure/follow-up survey and Complaint investigation	Survey Date Oct. 13, 2011

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.04	Three of seven staff did not complete fingerprinting for a criminal history background check within 21 days of hire.	12/15/11 g	
2	219	Resident #1 did not have documentation of an admission agreement.	12/15/11 g	
3	220	The facility's admission agreement did not reflect state rule changes effective March 2010.	12/10/11 g	
4	250.10	The water temperature in Iris house exceeded 120 degrees F.	11/23/11 gk	
5	260.06	A) Food in the refrigerator in Iris house temped above 41 degrees F. The refrigerator was set at the coolest setting. B) Carpet throughout all 4 buildings was spotted/stained. Lilac house: the front entry area rug and the carpet in room 106, was wrinkled. C) Iris house: Vinyl flooring cracked/peeling in kitchen, pantry and laundry room. D) Air intake vents in all 4 buildings had dust build-up. E) Sunflower & Lilac house: Walls had scrapes and spotted/stained areas.	12/16/11 gk	
6	335.03	Paper towels were not available in resident rooms for caregivers to dry their hands after providing cares.	12/16/11 g	
7	350.04	The administrator did not respond to complaints in writing within 30 days.	12/16/11 g	
8	405.01.b	Rose house: An extension cord was being used for freezer.	11/23/11 g	
9	625.01	6 of 7 employees did not have documented 16 hours of orientation.	11/23/11 g	

Response Required Date Nov. 12, 2011	Signature of Facility Representative 	Date Signed
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Food Establishment Inspection Report

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

Establishment Name: ... Operator: ... Address: ... County: ... Etab #: ... EHS/SUR #: ... Inspection time: ... Travel time: ... Inspection Type: ... Risk Category: ... Follow-Up Report: ...

of Risk Factor Violations: ... # of Retail Practice Violations: ... # of Repeat Violations: ... Score: ...

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 columns for item number, description, COS, and R. Includes sections like Demonstration of Knowledge, Employee Health, Good Hygienic Practices, Control of Hands, Approved Source, and Protection from Contamination.

Table with columns for item number, description, COS, and R. Includes sections like Potentially Hazardous Food Time/Temperature, Consumer Advisory, Highly Susceptible Populations, Chemical, and Conformance with Approved Procedures.

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

Table with columns for Item/Location and Temp. Contains handwritten entries for 'Best Dish' and 'Crispy'.

GOOD RETAIL PRACTICES (X = not in compliance)

Table with columns for item number, description, COS, and R. Lists 27 items related to good retail practices such as use of ice, water source, and equipment.

OBSERVATIONS AND CORRECTIVE ACTIONS (CONTINUED ON NEXT PAGE)

Person in Charge (Signature) ... Title ... Date ... Inspector (Signature) ... Date ... Follow-up: (Circle One) Yes/No



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October 20, 2011

Jennifer Pomeroy, Administrator
Regency Columbia Village, Llc
3521 East Lake Forest Drive
Boise, ID 83716

Dear Ms. Pomeroy:

An unannounced, on-site complaint investigation survey was conducted at Regency Columbia Village, Llc from October 11, 2011, to October 13, 2011. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005197

Allegation #1: An employee worked over 21 days without a criminal history background check.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.04 for not conducting a criminal history background check on an employee. The facility was required to submit evidence of resolution within 30 days.

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,

Gloria Keathley, LSW
Health Facility Surveyor
Residential Assisted Living Facility Program