



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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

TAMARA PRISOCK – ADMINISTRATOR  
DIVISION OF LICENSING & CERTIFICATION  
JAMIE SIMPSON – PROGRAM SUPERVISOR  
RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM  
P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: 208-334-6626  
FAX: 208-364-1888

November 19, 2012

Karlene Magee, Administrator  
Community Restorium  
Po Box 419  
Bonners Ferry, ID 83805

License #: Rc-118

Dear Ms. Magee:

On October 18, 2012, a complaint investigation and state licensure survey was conducted at Community Restorium. 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 Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Rachel Corey, RN  
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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DIVISION OF LICENSING & CERTIFICATION  
P.O. Box 83720  
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October 22, 2012

Karlene Magee, Administrator  
Community Restorium  
Po Box 419  
Bonners Ferry, ID 83805

Dear Ms. Magee:

**Congratulations** to both you and your staff on your recent state Licensure which was conducted at Community Restorium on 10/18/2012. No core deficiencies were found and you had three or fewer non-core deficiencies cited during your survey, which qualifies you for a *Silver Excellence in Care Award*.

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

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, on **10/18/12**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Again, congratulations to you and your staff for a job well done.

Sincerely,

**The Residential Assisted Living Facility Survey Team**

Residential Care/Assisted Living

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R118</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/18/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>COMMUNITY RESTORIUM</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6619 KANISKU STREET BONNERS FERRY, ID 83805</b>		
(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, follow-up, and complaint investigation survey conducted on 10/17/2012 through 10/18/2012 at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, RN Team Coordinator Health Facility Surveyor</p> <p>Matt Hauser, QMRP Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X8) DATE

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





IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

Residential Assisted Living Facility Program, Medicaid L & C  
3232 W. Elder Street, Boise, Idaho 83705  
208-334-6626

Critical Violations Noncritical Violations

Establishment Name <u>Crown Restaurant</u>		Operator <u>KARLIE MUYE</u>	
Address <u>6119 Karviks St</u>			
County <u>Boise</u>	Estab # <u>130000000</u>	EHS/SUR #	Inspection time: _____ Travel time: _____
Inspection Type: <u>Standard</u>	Risk Category: <u>High</u>	Follow-Up Report: OR Date: <u>N/A</u>	On-Site Follow-Up: Date: <u>N/A</u>
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.			

# of Risk Factor Violations	<u>0</u>	# of Retail Practice Violations	<u>0</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>0</u>	Score	<u>0</u>
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.

	Demonstration of Knowledge (2-102)	COS	R	Potentially Hazardous Food Time/Temperature	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"/>	<u>Y</u> N N/O N/A 15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)			<u>Y</u> N N/O N/A 16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>	<u>Y</u> N (N/O) N/A 17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices			<u>Y</u> N N/O N/A 18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>	<u>Y</u> N N/O N/A 19. Cold Holding (3-501)	<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"/>	<u>Y</u> N N/O N/A 20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination			<u>Y</u> N (N/O) N/A 21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	5. Clean hands, properly washed (2-301)	<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 N/A 22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>			
	Approved Source			<u>Y</u> N N/O N/A 23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<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 (N/A) 24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<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"/>
	Protection from Contamination			<u>Y</u> N (N/A) 26. Compliance with variance and HACCP plan (8-201)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Y</u> N N/A	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"/>			

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>P + T 150 - H/Wing</u>	<u>175</u>	<u>Pork Chop Oven</u>	<u>172</u>	<u>Crown Case Pan</u>	<u>37.2</u>		
<u>French</u>	<u>175</u>	<u>Chicken</u>	<u>170</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. Utensil & 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>KARLIE MUYE</u> Title <u>Manager</u> Date <u>10-19-12</u>	Inspector (Signature) <u>[Signature]</u> (Print) <u>MATT HAUSER</u> Date <u>10/18/12</u>	Follow-up: (Circle One) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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October 22, 2012

Karlene Magee, Administrator  
Community Restorium  
Po Box 419  
Bonners Ferry, ID 83805

Dear Ms. Magee:

An unannounced, on-site complaint investigation survey was conducted at Community Restorium from October 17, 2012, to October 18, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00005558**

**Allegation #1:** An identified resident eloped from the facility.

**Findings #1:** Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.350.07 for not reporting an elopement to Licensing and Certification. The facility was required to submit evidence of resolution within 30 days. The facility did not receive further citations related to the elopement, as the facility responded appropriately by implementing interventions to keep the identified resident safe until alternative placement could be identified.

**Allegation #2:** The facility discharged an identified resident inappropriately.

**Findings #2:** On 10/18//12, the identified resident's record contained a 30-day discharge notice, which included all required elements described in state rules. Additionally, the reason documented in the 30-day discharge notice was valid and within the scope of Idaho regulations.

Unsubstantiated.

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, on **10/18/2012**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Karlene Magee, Administrator

October 22, 2012

Page 2 of 2

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,

A handwritten signature in cursive script, appearing to read "Rachel Corey".

Rachel Corey, RN

Health Facility Surveyor

Residential Assisted Living Facility Program

rc/rc

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