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 28, 2012

Jacquie Varco, Administrator
Rosewind House
5815 Coffey Street
Garden City, ID 83714

License #: RC-545

Dear Ms. Varco:

On October 25, 2012, a licensure/follow-up survey, complaint investigation and follow-up to your compliance agreement was conducted at Rosewind House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Polly Watt-Geier, MSW

Polly Watt-Geier, MSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG

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

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November 5, 2012

Jacquie Varco, Administrator
Rosewind House
5815 Coffey Street
Garden City, ID 83714

Dear Ms. Varco:

Congratulations to both you and your staff on your recent licensure/follow-up survey, complaint investigation and follow-up survey to your compliance agreement conducted at Rosewind House on 10/25/2012. 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 **11/24/12**. 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,

Patty Watt-Dion, MSW

The Residential Assisted Living Facility Survey Team

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
	13R545		10/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWIND HOUSE	5815 COFFEY STREET BOISE, ID 83714

(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 A follow-up survey to ensure compliance with a "Settlement Agreement" established between Assisted Living Concepts and Idaho Department of Health & Welfare, as well as a licensure/follow-up and complaint investigation, was conducted at your residential care/assisted living facility on 10/25/2012. At that time, no core deficiencies were cited and the facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. The surveyors conducting the survey were: Polly Watt-Geier, MSW Team Leader Health Facility Surveyor Gloria Keathley, LSW 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

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
Rosewind House	5815 Coffey St	377-9980
Administrator	**City**	**ZIP Code**
Jacquie Varco	Boise	83714
Survey Team Leader	**Survey Type**	**Survey Date**
Polly Watt-Geier	Licensure/follow-up and Complaint	10/25/12

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	009.06.c	1 of 5 employees did not have a state police background check completed as required. *Repeat, previously cited on 6/7/11.	10/26/12	11/28/12 PWG

Response Required Date	Signature of Facility Representative	Date Signed
11/29/12	Jacquie Varco	10/25/12

Date October 25, 2012 Page 1 of 1

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

Establishment Name: Rosewood House	Operator: Jacquie Varco
Address: 5815 Colby St.	
County: Ada; Estab #; EHS/SUR.#	Inspection time: ; Travel time:
Inspection Type: Standard; Risk Category:	Follow-Up Report: OR On-Site Follow-Up: Date: ; Date:

Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.

Critical Violations		Noncritical Violations	
# of Risk Factor Violations	0	# of Retail Practice Violations	0
# of Repeat Violations	0	# of Repeat Violations	0
Score	0	Score	0
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
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 (2-301)	☐	☐
Y N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	☐	☐
Y N	7. Handwashing facilities (5-203 & 6-301)	☐	☐
	Approved Source		
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)	☐	☐

	Potentially Hazardous Food Time/Temperature	COS	R
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 (3-403)	☐	☐
Y N N/O N/A	17. Cooling (3-501)	☐	☐
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)	☐	☐
	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 (3-207)	☐	☐
Y N	25. Toxic substances properly identified, stored, used (7-101 through 7-301))	☐	☐
	Conformance with Approved 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
Iron cold / Cooler	41.9°	Cooked applesauce / Cooler	36.1°	Pick Lunch area	500°		
Cooked carrot / Pantry	37.0°	Tuna / Cooler	500°	Cook lunch (in hall)	500°		

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. Utensil & 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) Jacquie Varco (Print) Jacquie Varco Title RD Date 10/25/12

Inspector (Signature) Billy Wall (Print) Billy Wall Date 10/25/12

Follow-up: (Circle One) Yes No

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November 5, 2012

Jacquie Varco, Administrator
Rosewind House
5815 Coffey Street
Garden City, ID 83714

Dear Ms. Varco:

An unannounced, on-site complaint investigation was conducted at Rosewind House on October 25, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005344

Allegation #1: The facility did not allow an identified resident to give a 30 day notice.

Findings #1: During the investigation, on 10/25/12, the identified resident's closed record was reviewed. The record contained a signed admission agreement that included a Term Ending Agreement; which stated the resident would reside at the facility for a term of 12 months in order to receive a discounted rate. The Term Ending Agreement did not allow a resident who signed the agreement the ability to give a 30 day notice to move out of the facility.

On 10/25/12, five current residents' admission agreements were reviewed. All of the current admission agreements allowed for residents to give a 30 day notice to move out of the facility.

Substantiated. However, the facility was not cited as Assisted Living Concepts (ALC) entered into a compliance agreement with the Department on 7/23/12 and had corrected the deficient practices prior to the complaint investigation conducted on 10/25/12.

Allegation #2: The facility exploited an identified resident by charging for services not provided.

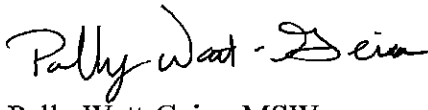
Findings #2: During the investigation, on 10/25/12, the identified resident's closed record was reviewed. The record contained a signed admission agreement that included a Term Ending Agreement; which stated the resident would reside at the facility for a term of 12 months in order to receive a discounted rate. However, the identified resident had moved out of the facility prior to the end of the agreement and was billed for the previous discounted rate she had received from the facility.

On 10/25/12 at 2:30 PM, the identified resident's family member stated the ALC corporation had contacted her approximately 3 to 4 weeks ago and had decided to close the case and drop all charges that had billed to the identified resident.

Substantiated. However, the facility was not cited as ALC entered into a compliance agreement with the Department on 7/23/12 and had corrected the deficient practices prior to the complaint investigation conducted on 10/25/12.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,



Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG

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

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November 5, 2012

Jacquie Varco, Administrator
Rosewind House
5815 Coffey Street
Garden City, ID 83714

Dear Ms. Varco:

An unannounced, on-site complaint investigation survey was conducted at Rosewind House on October 25, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005367

Allegation #1: Admission agreements were not signed by the facility administrator.

Findings #1: Substantiated. On 7/23/12, Assisted Living Concepts entered into a compliance agreement with the Department. During the survey to determine compliance on 10/25/12, five current resident updated admission agreements were observed to be signed by the current facility administrator.

Allegation #2: Admission agreements did not allow for a 30 day written notice to terminate the agreement.

Findings #2: Substantiated. On 7/23/12, Assisted Living Concepts entered into a compliance agreement with the Department. During the survey to determine compliance on 10/25/12, five current resident updated admission agreements were reviewed. All of the admissions agreements allowed for a 30 day written notice to terminate the agreement.

Allegation #3: Admission agreements were not in a plain language that could be understood by the residents.

Findings #3: Substantiated. On 7/23/12, Assisted Living Concepts entered into a compliance agreement with the Department. During the survey to determine compliance on

10/25/12, five current resident updated admission agreements were reviewed. All of the admissions agreements were written in a plain language that could be understood by residents.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

Polly Watt-Geier, MSW

Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/

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

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November 5, 2012

Jacquie Varco, Administrator
Rosewind House
5815 Coffey Street
Garden City, ID 83714

Dear Ms. Varco:

An unannounced, on-site complaint investigation survey was conducted at Rosewind House on October 25, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005588

Allegation #1: The facility did not give an identified resident a 30 day notice of a fee increase.

Findings #1: During the investigation, on 10/25/12, the identified resident's record was reviewed. The former billing information was reviewed and it documented the resident's fees had been increased without a 30 day notice.

On 10/25/12 at 10:23 AM, the identified resident's family member was contacted by phone. The family member stated the facility had resolved the billing issues.

Substantiated. However, the facility was not cited as Assisted Living Concepts (ALC) entered into a compliance agreement with the Department on 7/23/12 and had corrected the deficient practices prior to the complaint investigation conducted on 10/25/12.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

Polly Watt-Geier, MSW

Polly Watt-Geier, MSW
Health Facility Surveyor
Residential Assisted Living Facility Program

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