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

December 5, 2012

Stacey Ramey, Administrator
Warren House
1301 Bennett Street
Burley, ID 83318

License #: RC-579

Dear Ms. Ramey:

On November 6, 2012, a Licensure/Follow-up and complaint survey was conducted at Warren 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 Donna Henscheid, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Donna Henscheid

Donna Henscheid, LSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

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

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R579	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 11/06/2012
NAME OF PROVIDER OR SUPPLIER WARREN HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 BENNETT STREET BURLEY, ID 83318		

(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 11/5/12 through 11/6/12. 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: Donna Henscheid, LSW Team Coordinator 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 LICENSING & CERTIFICATION - RALF
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
Warren House	1301Bennett St.	208-677-8212
Administrator	**City**	**ZIP Code**
Stacey Ramey	Burley	83318
Survey Team Leader	**Survey Type**	**Survey Date**
Donna Henscheid, LSW	Licensure/follow-up Survey + Complaint	November 6, 2012

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	225.01	The facility did not develop behavior management plans for Resident's #3 & #4's behaviors.	12/4/12 DH	
2	305.02	Resident #2's physician's order was not followed.	12/4/12 DH	
3	711.01	The facility did not track behaviors for Resident's #3 & #4.	12/4/12 DH	

Response Required Date	Signature of Facility Representative	Date Signed
December 6, 2012	Stacey Ramey	11/6/12

Date 11/5/12 Page 1 of 2

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: Willow House		Operator: Stacy Ramey	
Address: 1301 Bennett St		Burley ID 83318	
County: CASSIA	Estab # / EHS/SUR.#:	Inspection time: 10:00 Am	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		Noncritical Violations	
# of Risk Factor Violations	4	# of Retail Practice Violations	0
# of Repeat Violations	0	# of Repeat Violations	0
Score	2	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.

		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 (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)	☐	☐

		COS	R
	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 (3-403)	☐	☐
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
Apple Sauce in refrig	40.2	PASTA cooked	175+				
Sliced American							
Cheese in refrig	39.7						

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): Stacy Ramey	(Print): Stacey Ramey	Title: RD	Date: 11/6/12
Inspector (Signature): [illegible]	(Print): [illegible]	Date: 11/6/12	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 Nov. 5, 12

Establishment Name	Operator
Warren House	Stacey Ramey
Address 1301 Bennett St	Burley ID 83318
County / Estab # / EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

12. The facility was not using an approved sanitizer on food contact surfaces although they had approved sanitizer on site.
COS: The kitchen staff pulled out the approved sanitizer from storage to use on the contact surfaces. (Minor issue).

05. The kitchen staff overused gloves (used at all times, did not always change between tasks and did not always wash hands between glove changes).
The facility has 10 days to retrain staff regarding proper glove use and handwashing. (Nov 16, 2012)

Person in Charge	Date	Inspector	Date
Stacey Ramey	11/6/12	[illegible]	11/6/12

CFP00-02-02

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RESIDENTIAL ASSISTED LIVING FACILITY PROGRAM
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE: 208-334-6626
FAX: 208-364-1888

November 15, 2012

Stacey Ramey, Administrator
Warren House
1301 Bennett Street
Burley, ID 83318

Dear Ms. Ramey:

An unannounced, on-site complaint investigation survey was conducted at Warren House from November 5, 2012 to November 6, 2012. During that time, observations, interviews and record reviews were conducted with the following results:

Complaint # ID00005369

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

Findings #1: On 11/6/12, the administrator stated prior to the facility entering into a compliance agreement with the Idaho Department of Health and Welfare (Department), admission agreements were completed through the corporate office and not at the facility. Consequently, the agreements could not be signed by the administrator at that time.

On 6/11/12, during a survey to determine compliance, four residents' business records were reviewed and contained copies of the current admission agreements that were all signed by the administrator.

Substaniated, but not cited as the deficient practice had been corrected.

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

Findings #2: On 11/6/12, the administrator stated prior to the facility entering into a compliance agreement with the Department, admission agreements included a "Term Ending Agreement" which did not allow residents to therminate their contract with a 30 day notice.

On 6/11/12, during a survey to determine compliance, four residents' business records were reviewed. All of the records contained copies of the current admission agreements which no longer included a "Term Ending Agreement" and clearly described the 30 day written notice to discharge.

Substaniated, but not cited as the deficient practice had been corrected.

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

Findings #3: On 7/23/12, Assisted Living Concepts entered into a compliance agreement with the Department. On 11/6/12, during a survey to determine compliance, four current residents' updated admission agreements were reviewed. All of the admissions agreements were written in a plain language that could be understood by residents.

Substantiated. However, not cited as the deficient practice had been corrected.

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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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

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November 15, 2012

Stacey Ramey, Administrator
Warren House
1301 Bennett Street
Burley, ID 83318

Dear Ms. Ramey:

An unannounced, on-site complaint investigation survey was conducted at Warren House from November 5, 2012 to November 6, 2012. During that time, observations, interviews and record reviews were conducted with the following results:

Complaint # ID00005535

Allegation #1: The facility did not schedule sufficient staff to meet the residents' needs and provide adequate supervision.

Findings #2: On 11/5/12, seven residents and two family members stated they felt there was currently enough staff to meet the residents' needs and provide appropriate supervision.

On 11/6/12, the facility's 2012 as-worked schedules were reviewed for August, September, October and November. The schedules were observed to have two caregivers scheduled on all three shifts. Also scheduled during the day, was administrative staff, a full-time nurse, a cook, and a housekeeper.

On 11/6/12, the administrator stated she began working at the facility in May 2012. She stated sometime in May she changed the schedule so that two caregivers worked on each shift.

On 11/6/12, two caregivers stated that prior to May 2012, there was only one caregiver scheduled during a four hour timeframe on the evening shift. Both caregivers agreed that during those four hours, they "could not properly" supervise the residents or meet all the residents' needs. Both caregivers stated the facility had 15 to 20 residents at the time and at least two of them required

two-person assistance with transferring.

In May of 2012, the corporation that operated Warren House replaced senior management. The corporation then entered into a settlement agreement with the the Idaho Department of Health and Welfare. The new management team assessed the staffing needs for each facility, including Warren House, and added personnel as needed.

Substantiated. However, not cited as the facility entered into a compliance agreement with the Department and corrected the deficient practice by scheduling sufficient staffing to properly care for and supervise the 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,

Donna Henscheid
Health Facility Surveyor
Residential Assisted Living Facility Program

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