

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

January 4, 2013

Rhonda Hamett, Administrator Country Cottage Assisted Living 3652 North 2500 East Twin Falls, ID 83301

License #: RC-596

Dear Ms. Hamett:

On November 8, 2012, a State Licensure, Follow-up and Complaint Investigation survey was conducted at Country Cottage Assisted Living. 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 Gloria Keathley, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Gloria Keathley, LSW

Team Leader

Health Facility Surveyor

Residential Assisted Living Facility Program

PRINTED: 11/15/2012

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13R596 11/08/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3652 NORTH 2500 EAST COUNTRY COTTAGE ASSISTED LIVING TWIN FALLS, ID 83301 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R 000 **Initial Comments** R 000 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 11/07/2012 through 11/08/2012 at your facility. The surveyors conducting the survey were: Gloria Keathley, LSW Team Coordinator Health Facility Surveyor Rae Jean McPhillips, RN, BSN Health Facility Surveyor

Bureau of Facility Standards

TITLE

(X6) DATE

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

M9LC11



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 Country Cottages Assisted Living	Physical Address 3652 North 2500 East	Phone Number 208-736-1856		
Administrator Rhonda Hamett	City Twin Falls	Zip Code 83301		
Team Leader Gloria Keathley	Survey Type Surve \ Complaint and Follow-up	Survey Date 11/08/12		

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	One of six employees did not have a state only background check completed.		1/2/13 8
2	225.02	The facility did not develop interventions for each behavioral symptom.		19/13 84
3	250.10	The hot water exceeded 120 degrees.		42/34
4	300.01	The facility nurse did not delegate assistance with medications to 2 of 6 employees.		12/7/12 84
5	305.05	The facility nurse did not clarify insulin orders for Resident #3.		12/7/18
6	305.06	The facility nurse did not assess Resident #3's ability to self-administer his insulin.		13/1/20
7	310.01.c	There was no temperature log for a refrigerator that stored medications.		12/138
8	350.02	There was no written investigation regarding an incident with Resident #5, nor were there written interventions to prevent reoccurrence.		12/7/125
9	630.02	Two of six employees did not have evidence of specialized training in mental illness. **previously cited on 6/29/11**		Pher
10	630.03	Five of six employees did not have evidence of specialized training in developmental disabilities.		12/2/128
11	630.04	Five of six employees did not have evidence of specialized training in traumatic brain injury.		12/7/129
12	711.04	There was no documentation that Resident #4 was advised of the consequences of refusing to follow his specialized diet, nor was there		12/2/20
		evidence his physician was notified of his refusal.		Ý
13	711.08.c	There was no documentation in Resident #5's care notes regarding the incident involving his medications.		12/2/126
Response	Required Date	Signature of Facility Representative	Date Signed	

12/08/12

BFS-686 March 2006

9/04

Date	11/8/1	Z Page	/_ of	:_/_
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Noncritical Violations



Establishment Name

IDAHO DEPARTMENT OF

Inspection time:

HEALTH & WELFARE Food Establishment Inspection Report

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

	# of Risk Factor Violations	<u>`</u>	# of Retail Prac	tice
HamoH s 83301 Travel time:	# of Repeat Violations	0	# of Repeat Violations	
R On-Site Follow-Up:			Score, A score greater	
equire correction as noted	or S. High-risk on-site reinspecti	的工程的发展的创新的企业的	or 8 High-risk on site reinspec	Transfer of the Control of the Contr

Critical Violations

Inspection Type: Risk Category: Follow-Up Rep Date:			ort: (-Site Follow-Up: te:		A score g or 5. High	reater -risk	than 3 Med A score greater that mandatory of 8 High risk = malon to the first temperature of the	n 6 Me aridator	d Y			
Items marked are violations of Idaho's Food Code, IDAPA 16.02.19, and require correction as noted.								in-site re	inspec	dion population :	i de la companya da san da San da san d			
RISK PACTORS AND INTERNEDITIONS (Palako-Bood/Code applied ble sections in partenties es).														
Grantez	The letter to the left of each item indicates that item's status at the inspection.													
		Demonstration of Knowledge			coa	R	((\$60))				lazardous Food Time/Temperature	cos	R.	
	ð, N	Certification by Accredited Program; Course; or correct responses; or compli	or Approvi ance with	ed Code	Ü	Y N (N/O) N/A Y N (N/O) N/A:						-		
		Employee Health (2/20					Y N (NO) N		v. Kenea 7. Coolin			님	븜	
a	ØИ	2. Exclusion, restriction and reporting	Tori e l'elementario						8. Hot hol			盲		
1	N 61	Good Hygienic Practic			17	<u>,</u>	Y N N/O N/A 19, Cold Holding (3-501)			(3-501)	u	u .		
1	S VI	Eating, tasting, drinking, or tobacco to Discharge from eyes, nose and moute.					Y N NO N		A 20. Date marking and disposition (3-501)					
~	iA	4. Discharge from eyes, nose and flour			-	-	A M (MO) M		1. Time a: 3-501)	s a pul	plic pealth couttof (biocegnies), iécolds)			
lh	N G	5. Clean hands, properly washed (2-30	1):					10)-001j		Consumer Advisory		•	
R	N N	6. Bare hand contact with ready-to-eat		mption			YN NA				dvisory for raw or undercooked food			
) N	(3:301) 7. Handwashing facilities (5-203 & 6-30	14)	···			0	(3	3-603)	High	ly Susceptible Populations		$\overline{+}$	
10	<i>)</i> 19	Approved Source)) ()		-	-	(N N/O N	2	3. Pasteu	trized t	foods used, avoidance of			
1	ŜΝ	8. Food obtained from approved source	(3-101.&	3-201)	ū		CD N NUO N	JA BAR	prohibi	ted for	ods (3-801)	┸		
	ÓN	9. Receiving temperature / condition (3-	-202)				N N/A	2.	4) Výdújín	ne l'ái	Chemical	u		ĺ
ΙŢ	N (VA)	 Records: shellstock tags, parasite of required HACCP plan (3-202-8-3-20 		ş.					24. Additives / approved, unapproved (3-207) 25: Toxic substances properly identified, stored, used					
\parallel		Protection from Contamin		5.8	·		(Y) N	. (7	7 - 101 thro	ough:7	-301))		□	
l Ty) N N/A	11. Food segregated, separated and pr	olected (3	40000			V 11 (AVI)	- 1			nce With Approved Procedures		<u>,</u>	
		12. Food contact surfaces clean and sa	ınitized .				Y N (NVA)	20	5: Compil	iance i	with variance and HACCP plan (8-201)			
) N	(45, 46, 47). 13. Returned / reservice of food (3:306	& 3-801)				Ÿ=v	es in co	ompliança		N = no, not in compliance			
Y N 13: Regular of Taservice of Toold (3-300 & 3-001), Y N 14. Discarding/reconditioning unsafe food (3-701)		급		N/O = not observed N/A = not applicable										
"				<u>*</u>			COS⊨	Correc			R=Repeat violation OS or R			
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	28. Water so	urće and quanlity		Ü	ū	35. Equipment for temp.					43. Thermometers/Test slinps			Ш
				a		sonal cleanliness				44. Warewashing facility			11	
	30, Food and non-food contact surfaces: constructed				37. Foo	d jabeled/condition				45. Wilping cloths	<u> </u>		11	
-	Of District Life to the Constitution of the Co		. 🗆							46. Ulensii & single-service storage			1	
	prevention.							_			47. Physical facilities			-
		and waste water disposal				39. Thaving 40. Toilet facilities		-			48. Specialized processing methods			$\ \cdot \ $
33, Sinks contaminated from cleaning maintenance tools					bage and refuse		 	•			-	1		
CAT disposer											,	ido,		
OBSERVATIONS/AND/CORRECTIVE/ACTIONS/(CONTINUEDION NEXT PAGE)										随				
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Person in Charge (Signature) DDD (Print) 12 Honda Hanvil Title Admill Date 1/8/12														
Pollow-up: Yes														

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November 15, 2012

Rhonda Hamett, Administrator Country Cottage Assisted Living 3652 North 2500 East Twin Falls, ID 83301

Dear Ms. Hamett:

An unannounced, on-site complaint investigation survey was conducted at Country Cottage Assisted Living from November 7, 2012, to November 8, 2012. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005773

Allegation #1:

Staff did not provide appropriate assistance with medications which resulted in an identified resident's hospitalization.

Findings #1:

On 11/8/12, between 10:00 AM and 1:00 PM, medication passes were observed. Residents received their medications appropriately and without problems.

Between 11/7/12 and 11/8/12, five residents stated medications were given appropriately. They further stated staff would tell them what they were taking and the dosage.

An incident report, dated 10/20/12, documented the identified resident came to the front room complaining about a headache and had asked for some aspirin. It further documented the resident had asked to look at the aspirin bottle and then refused to give it back to the staff member. Additionally, the incident report documented the resident walked out with the bottle of aspirin with staff running behind him. The identified resident then poured a half bottle of aspirin "down his throat" and was hospitalized for the overdose.

On 11/8/12 at 11:15 AM, the staff member that was on duty at the time of the incident, stated the identified resident complained of a headache and asked for some aspirin. The resident asked to look at the aspirin bottle which was a normal request from the resident. She said when she asked for the bottle back, the resident "stormed away" with the bottle. She ran after the resident while she was calling the administrator's assistant on the telephone. She further stated when she made it to the resident's room, the resident had ingested half the bottle.

The staff member additionally stated, "He was cheerful that evening and did not display any suicidal tendencies prior to the aspirin ingestion." She stated she called the administrator assistant as she ran behind the the resident to his room. The administrator's assistant was on the

grounds and arrived within five minutes after the call. The police and paramedics were called as the resident refused to be transported by the administrator to the hospital.

On 11/8/12 at 9:15 AM, the administrator's assistant stated the identified resident showed no signs of harming himself. He further stated, he was called the night of the incident and arrived at the resident's room within five minutes. Additionally, the administrator assistant stated he told the resident that he needed to go to the hospital, but the resident refused. Police and paramedics were called and the resident was transported to the ER.

On 11/7/12 at 1:30 PM, a staff member on duty stated the identified resident was in a good mood, joking and helping around the facility the day before the incident.

On 11/8/12 at 9:50 AM, the facility administrator stated she did verbal counseling with staff and now staff will no longer allow residents to hold their medication for review.

Unsubstantiated. Although the incident did occur, staff had followed normal protocol while assisting with medications, and responded appropriately by calling EMS and attempting to retrieve the aspirin.

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,

c:

Gloria Keathley, LSW Health Facility Surveyor

Residential Assisted Living Facility Program

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