



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

March 28, 2013

Bobbie Campbell, Administrator
You'Re At Home
2811 Ridge Haven Way
Meridian, ID 83646

License #: RC-986

Dear Ms. Campbell:

On November 15, 2012, a licensure and complaint investigation survey was conducted at You'Re At Home - Right At Home, LLC. 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 Polly Watt-Geier, MSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

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 26, 2012

Bobbie Campbell, Administrator
You're At Home
2811 Ridge Haven Way
Meridian, ID 83646

Dear Ms. Campbell:

A licensure/follow-up survey and complaint investigation was conducted at You're At Home between November 13, 2012 and November 15, 2012. The facility was found to be in substantial compliance with the rules for Residential Care or Assisted Living Facilities (RALF) in Idaho. No core issue deficiencies were identified. The enclosed survey document is for your records and does not need to be returned to the Department.

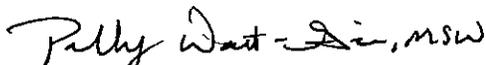
Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference, on **11/15/2012**. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc) are to be submitted to this office within thirty (30) days from the exit date.

Please continue to monitor the facility's compliance with the Rules for Residential Care or Assisted Living Facilities, and pay special attention to the issues identified on the punch list. If the facility fails to submit acceptable evidence of resolution, or if the non-core issue deficiencies are identified on subsequent surveys, the Department will initiate enforcement actions per **IDAPA 16.03.22.910.01-03**, which could include:

- a. Issuance of a provisional license
- b. Limitations of admissions to the facility
- c. Hiring a consultant who submits periodic reports to Licensing & Certification
- d. Civil monetary penalties

Our staff is available to answer questions and to assist you in identifying appropriate corrections. Should you require assistance or have any questions about our visit, please contact us at (208) 334-6626. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,


Polly Watt-Geier, MSW

Health Facility Surveyor
Residential Assisted Living Facility Program

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R986	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/15/2012
NAME OF PROVIDER OR SUPPLIER YOU'RE AT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2811 RIDGE HAVEN WAY MERIDIAN, ID 83646		
(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>A licensure/follow-up survey and complaint investigation was conducted at your facility between November 13, 2012 and November 15, 2012. During the survey, your facility's compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho was reviewed. No core deficiencies were cited; however, non-core issue deficiencies were identified. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

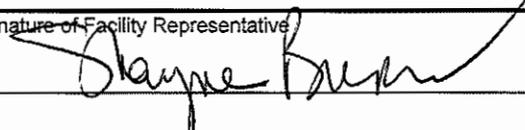
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name You're At Home	Physical Address 2811 Ridge Haven Way	Phone Number 898-4663
Administrator Bobbie Campbell	City Meridian	Zip Code 83646
Team Leader Polly Watt-Geier	Survey Type Licensure, Follow-up and Complaint	Survey Date 11/15/12

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.06.c	Two of three new employees did not have the Idaho State Police background check completed.	2/4/13 Pwb	
2	220.02	The facility's admission agreements did not provide a complete reflection of the facility's charges, i.e.. description of level of care prices.	2/4/13 Pwb	
3	225	The facility did not evaluate Resident #2 and Resident #3's behaviors. **Repeat, previously cited 12/8/10**	3/28/13 Pwb	
4	225.02	The facility did not have clear interventions documented to manage Resident #2's or Resident #3's behaviors.	2/4/13 Pwb	
5	250.10	Hot water temperatures exceeded 120 degrees Fahrenheit, which is the maximum temperature allowed.	2/4/13 Pwb	
6	300.02	The facility nurse did not implement PRN medication orders consistent with physician orders, i.e. they were given as scheduled medications	2/4/13 Pwb	
7	310.01.d	The facility did not ensure assistance with medication was done in accordance with the Idaho Board of Nursing rules, e.g.. the medication aide did not wash/sanitize hands prior to assisting with medications, medications were touched with bare hands prior to a resident ingesting them, the medication aides assessed whether to give PRN medications to residents who was not able to request them and medication aides placed medications in yogurt without notifying the resident that medications were present.	2/4/13 Pwb	
8	310.01.f	A medication aide did not observe residents swallowing their medications, when they were being assisted with medications.	2/4/13 Pwb	
9	310.04.a	The facility did not document non-drug interventions that were attempted prior to assisting Resident #1, #2 and #3 with PRN psychotropic medications.	2/4/13 Pwb	
10	320	The facility did not develop an Interim Plan of Care for Resident #5 when she was admitted to the facility.	2/4/13 Pwb	
11	320.01	Resident #1, #2 and #3's NSAs did not clearly describe the cares and services that were being provided by the facility.	2/4/13 Pwb	
Response Required Date 12/15/12	Signature of Facility Representative 		Date Signed 11-15-12	



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

# of Risk Factor Violations	<u>0</u>	# of Retail Practice Violations	<u>1</u>
# of Repeat Violations	<u>0</u>	# of Repeat Violations	<u>0</u>
Score	<u>0</u>	Score	<u>2</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	

Establishment Name <u>You're At Home</u>		Operator <u>Bobbie Campbell</u>	
Address <u>2811 Ridge Thruer Way</u>			
County	Estab #	EHS/SUR#	Inspection time: <u>11 AM</u> Travel time:
Inspection Type: <u>Standard</u>	Risk Category: <u>High</u>	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.

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
<input checked="" type="checkbox"/> N	1. Certification by Accredited Program; or Approved Course; or correct responses; or compliance with Code	<input type="checkbox"/>	<input type="checkbox"/>
	Employee Health (2-201)		
<input checked="" type="checkbox"/> Y N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<input checked="" type="checkbox"/> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	4. Discharge from eyes, nose and mouth (2-401)	<input type="checkbox"/>	<input type="checkbox"/>
	Control of Hands as a Vehicle of Contamination		
<input checked="" type="checkbox"/> N	5. Clean hands, properly washed (2-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	6. Bare hand contact with ready-to-eat foods/exemption (3-301)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<input checked="" type="checkbox"/> N	8. Food obtained from approved source (3-101 & 3-201)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	9. Receiving temperature / condition (3-202)	<input type="checkbox"/>	<input type="checkbox"/>
Y N <input checked="" type="checkbox"/> N/A	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<input checked="" type="checkbox"/> N N/A	11. Food segregated, separated and protected (3-302)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/A	12. Food contact surfaces clean and sanitized (4-5, 4-6, 4-7)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	13. Returned / reservice of food (3-306 & 3-801)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	14. Discarding / reconditioning unsafe food (3-701)	<input type="checkbox"/>	<input type="checkbox"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="checkbox"/> N N/O N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
Y N <input checked="" type="checkbox"/> N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
Y N <input checked="" type="checkbox"/> N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N N/O N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
Y N <input checked="" type="checkbox"/> N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	Consumer Advisory		
<input checked="" type="checkbox"/> N N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
Y N <input checked="" type="checkbox"/> N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
Y N <input checked="" type="checkbox"/> N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Conformance with Approved Procedures		
<input checked="" type="checkbox"/> N N/A	26. Compliance with variance and HACCP plan (8-201)	<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>Oatmeal</u>	<u>155</u>	<u>Chicken noodle - fridge</u>	<u>38</u>				
<u>eggs</u>	<u>165</u>	<u>Lunch meat</u>	<u>41</u>				

GOOD RETAIL PRACTICES (input checked = 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 checked="" type="checkbox"/>	<input checked="" 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>Shayne Butler</u>	(Print)	Title	Date <u>11-15-12</u>
Inspector (Signature) <u>[Signature]</u>	(Print) <u>Buchel Corey</u>	Date <u>11-13-12</u>	Follow-up: (Circle One) Yes <input type="radio"/> No <input checked="" type="radio"/>



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

Page 2 of 2
Date 11-13-12

Establishment Name <u>You're At home</u>		Operator <u>Bobbie Campbell</u>
Address		
County Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

46. Unapproved containers were used to store leftovers. The facility corrected on-sight by discarding the unapproved containers. The Cook verbalized his understanding of the requirement to use approved containers.

Person in Charge <u>[Signature]</u>	Date <u>11-15-12</u>	Inspector <u>[Signature]</u>	Date <u>11-15-12</u>
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November 26, 2012

Bobbie Campbell, Administrator
You're At Home
2811 Ridge Haven Way
Meridian, ID 83646

Dear Ms. Campbell:

An unannounced, on-site complaint investigation survey was conducted at You're At Home - Right At Home, LLC between November 13, 2012 and November 15, 2012. During that time, observations, interviews or record reviews were conducted with the following results:

Complaint # ID00005667

Allegation #1: A staff member verbally abused an identified resident.

Findings #1: Between 11/13/12 and 11/15/12 four current residents were interviewed. They all denied being treated harshly or having witnessed other residents being treated in a harsh manner.

Between 11/13/12 and 11/15/12, two family members were interviewed. They stated they had not witnessed any staff members speaking harshly towards residents.

Between 11/13/12 and 11/15/12, the facility nurse, the administrator and one caregiver were interviewed. They stated they had not witnessed a staff member speaking harshly towards any residents; nor had they received complaints from residents regarding staff mistreating them.

Between 11/13/12 and 11/15/12, staff were observed to interact with residents in an appropriate and calm manner.

On 11/14/12 at 9:10 AM, the identified resident's husband was interviewed. He stated to his knowledge, his wife was treated well while residing at the facility.

Bobbie Campbell, Administrator

November 26, 2012

Page 2 of 3

On 11/14/12 at 9:25 AM, the identified resident was interviewed at another facility, where she was residing. She denied being mistreated while residing at the facility and stated, "they were fine to me."

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

Allegation #2: A staff member forcefully performed range of motion on an identified resident who had fallen and was experiencing pain.

Findings #2: On 11/14/12, the identified resident's record was reviewed and contained an incident report, dated 7/19/12. The incident report documented that when the identified resident had fallen, the caregiver had instructed the resident to "stay down" until the administrator designee and the facility nurse arrived. The incident did not document that range of motion was performed at any time during this incident.

The facility nurse documented in the care notes on 7/19/12, regarding the identified resident sustaining a fall. The nurse documented she was notified of the fall and immediately came in to assess the resident. During her assessment, the identified resident was asked if she was in pain and if she could move her legs. When the resident stated she could not move her leg, the nurse made the resident comfortable with pillows and instructed staff to call 911. The care notes did not document that she or anyone else had performed range of motion.

On 11/14/12 at 9:25 AM, the identified resident was interviewed at another facility, where she was currently residing. She recalled the fall, but denied that her leg was improperly moved after the fall.

On 11/41/12 at 10:40 AM, a caregiver stated staff were trained not to do range of motion on residents who had fallen. She further stated, if residents fell, she had been instructed to keep residents comfortable and to call the facility nurse or 911 in an emergency.

On 11/14/12 at 10:55 AM, the facility nurse stated caregivers had been instructed not to move residents when they had fallen. She further stated, when she came to assess the identified resident, she was on the floor and appeared to be in pain. At that time, the caregiver was instructed to call 911 and the resident was made comfortable with pillows. She denied the resident had been moved after the fall.

On 11/14/12 at 11:00 AM, the administrator stated she was out of town when the identified resident fell. However, staff have been told when residents fall, "they are not to pull on them or move them."

Bobbie Campbell, Administrator
November 26, 2012
Page 3 of 3

On 11/14/12 at 11:35 AM, the administrator designee stated the nurse was the only one authorized to do range of motion after residents fall. When the facility nurse assessed the identified resident, she instructed staff to call 911 and to her knowledge, the identified resident had not been moved after she had fallen.

Unsubstantiated. Although the allegation may have occurred, it could not be determined during the complaint investigation.

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 **11/15/2012**. 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.

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,



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

PWG

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