



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

LESLIE M. CLEMENT – DEPUTY DIRECTOR
LICENSING AND CERTIFICATION
P.O. Box 83720
Boise, Idaho 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

December 21, 2011

Shawna Warner, Administrator
Elegant Residential Assisted Living, Inc
1256 Wright Avenue, Bldg A
Pocatello, ID 83201

FILE COPY

License #: Rc-916

Dear Ms. Warner:

On November 18, 2011, a Complaint Investigation and state Licensure survey was conducted at Elegant Residential Assisted Living, Inc. 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 plan of correction and evidence of resolution.

Should you have questions, please contact Matthew Hauser, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

Matthew Hauser
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

FILE COPY

MH/mh

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: 13R916	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/18/2011
NAME OF PROVIDER OR SUPPLIER ELEGANT RESIDENTIAL ASSISTED LIVING, IN		STREET ADDRESS, CITY, STATE, ZIP CODE 1256 WRIGHT AVENUE, BLDG A POCATELLO, ID 83201		
(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 survey conducted on 11/16/2011 through 11/18/2011 at your facility. The surveyors conducting the survey were:</p> <p>Matthew Hauser, QMRP Team Leader Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p> <p>Rae Jean McPhillips, RN, BSN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

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



Facility Name Elegant Residential Assisted Living	Physical Address 1256 Wright Avenue	Phone Number (208) 478-9400
Administrator Shawna Warner	City Pocatello	Zip Code 83201
Team Leader Matt Hauser	Survey Type Licensure, Follow-up and Complaint	Survey Date 11/18/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
1	009.04	1 of 9 staff did not submit their fingerprints for a criminal history and background check within 21 days.	12/19/11	MA
2	152.05.iii	Multiple residents' beds were observed to have side rails.	12/19/11	MA
3	225.01	The facility did not evaluate Resident #3's behavior of refusing to eat. ***REPEAT x2***	12/19/11	MA
4	225.02	The facility did not develop interventions to guide staff when Resident #3 refused to eat.	12/19/11	MA
5	300.01	(A) The RN did not conduct a nursing assessment every 90 days for Resident #7. ***REPEAT***	12/19/11	MA
		(B) Additionally, the nurse did not delegate nursing tasks to 8 of 9 caregivers whose records were reviewed.	12/19/11	MA
6	300.02	The licensed nurse did not review and implement physician orders or conduct a nursing assessment for eleven days when Resident #3 moved into the facility. ***REPEAT x2***	12/19/11	MA
7	305.02	The facility nurse did not ensure Residents #1, 3 and 6 physicians' orders were current and correct.	12/19/11	MA
8	305.03	The facility nurse did not conduct nursing assessments when residents had changes in conditions, such as low/high blood glucose, low oxygen levels, weight loss, hospitalization, wounds and partial toe amputation.	12/19/11	MA
9	305.04	The facility nurse did not document recommendations regarding health needs, such as low blood glucose, low oxygen levels and weight loss.	12/19/11	MA
10	305.08	The facility nurse did not assess, document or recommend health related education, such as what unlicensed caregivers should do when residents had low/high blood glucose, low oxygen levels, abnormal vitals or significant changes in weight.	12/19/11	MA

Response Required Date 12/18/11	Signature of Facility Representative 	Date Signed 11-18-11
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Facility Name Elegant Residential Assisted Living	Physical Address 1256 Wright Avenue	Phone Number (208) 478-9400
Administrator Shawna Warner	City Pocatello	Zip Code 83201
Team Leader Matt Hauser	Survey Type Licensure, Follow-up and Complaint	Survey Date 11/18/11

NON-CORE ISSUES

Item #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	L&C USE
11	310.01	Resident #7 had medications that were not bubbled packed. **CORRECTED ON SITE**	11/18/11 <i>ML</i>	
12	310.04.e	The facility did not provide Resident #3's physician with behavioral updates every six months. ***REPEAT X2***	12/19/11 <i>ML</i>	
13	320	(A) The facility did not develop an interim plan of care for Resident #3.	12/19/11 <i>ML</i>	
		(B) The facility did not develop Resident #3's NSA within 14 days.	12/19/11 <i>ML</i>	
14	320.01	NSAs did not describe the needed services and frequency of services, such as assistance with ADLs, behaviors, and outside services for Residents #1 through 7.	12/19/11 <i>ML</i>	
15	320.03	The administrator did not sign Resident #3's NSA. Additionally, Residents #1 and 2 did not sign their NSAs.	12/19/11 <i>ML</i>	
16	320.08	NSAs were not updated when Residents #2, 5 and 6 had changes in conditions, such as hospitalizations and wounds.	12/19/11 <i>ML</i>	
17	335.03	The facility did not follow proper infection control techniques when they did not supply all residents bathrooms with liquid hand soap or paper towels.	12/19/11 <i>ML</i>	
18	600.06.b	One staff member, who worked alone at night, did not have CPR and First Aid.	12/19/11 <i>ML</i>	
19	625.02.J	Nine of 9 staff, whose records were reviewed, did not have training in infection control.	12/19/11 <i>ML</i>	
20	711.01	The facility did not track Resident #3's behaviors.	12/19/11 <i>ML</i>	
21	711.07	Care plans from outside agencies were not available for Residents #2 and 3.	12/19/11 <i>ML</i>	
22	711.08.f	Care notes from outside agencies were not available for Residents #2, 3 and 5.	12/18/11 <i>ML</i>	

Response Required Date 12/18/11	Signature of Facility Representative <i>Shawna Warner</i>	Date Signed 11-18-11
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IDAHO DEPARTMENT OF HEALTH & WELFARE

Food Establishment Inspection Report

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

AL

Establishment Name: <u>Elegant Residential</u>		Operator: <u>Shawna Warner</u>	
Address: <u>1356 Wright Ave Bldg B</u> <u>Boise ID 83201</u>			
County: <u>Blaine</u>	Estab #: _____	EHS/SUR #: _____	Inspection time: _____
Inspection Type: _____		Risk Category: <u>high</u>	Follow-Up Report: OR On-Site Follow-Up: _____
Date: _____		Date: _____	

# 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.

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
<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"/>
	Employee Health (2-201)		
<u>Y</u> N	2. Exclusion, restriction and reporting	<input type="checkbox"/>	<input type="checkbox"/>
	Good Hygienic Practices		
<u>Y</u> N	3. Eating, tasting, drinking, or tobacco use (2-401)	<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"/>
	Control of Hands as a Vehicle of Contamination		
<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	7. Handwashing facilities (5-203 & 6-301)	<input type="checkbox"/>	<input type="checkbox"/>
	Approved Source		
<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)	10. Records: shellstock tags, parasite destruction, required HACCP plan (3-202 & 3-203)	<input type="checkbox"/>	<input type="checkbox"/>
	Protection from Contamination		
<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"/>

	Potentially Hazardous Food Time/Temperature	COS	R
<u>Y</u> N (N/O) (N/A)	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<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 (N/O) (N/A)	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Y</u> N (N/O) (N/A)	18. Hot holding (3-501)	<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 (N/O) (N/A)	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<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"/>
	Consumer Advisory		
<u>Y</u> N (N/A)	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	Highly Susceptible Populations		
<u>Y</u> N (N/O) (N/A)	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	Chemical		
<u>Y</u> N (N/A)	24. Additives / approved, unapproved (3-207)	<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"/>
	Conformance with Approved Procedures		
<u>Y</u> 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>Ground Beef on stove</u>	<u>142°</u>	<u>Wagner chix in ref</u>	<u>42°</u>	<u>Meat balls hot hold</u>	<u>175°</u>	<u>Yogurt in ref</u>	<u>38°</u>
<u>Four creaming</u>	<u>39°</u>	<u>enchilada in ref</u>	<u>39°</u>			<u>padding in ref</u>	<u>34°</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>Shawna Warner</u> (Print) <u>Shawna Warner</u> Title <u>Ally</u> Date <u>11-18-11</u>
Inspector (Signature): <u>[Signature]</u> (Print) <u>[Name]</u> Date <u>11/17/11</u>
Follow-up: (Circle One) <u>Yes</u> <u>No</u>



IDAHO DEPARTMENT OF
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FILE COPY

November 28, 2011

Shawna Warner, Administrator
Elegant Residential Assisted Living, Inc
1256 Wright Avenue, Bldg A
Pocatello, ID 83201

Dear Ms. Warner:

An unannounced, on-site complaint investigation survey was conducted at Elegant Residential Assisted Living, Inc from Invalid Datetime, to Invalid Datetime. During that time, observations, interviews, and record reviews were conducted with the following results:

Complaint # ID00005008

Allegation #1: A caregiver worked at the facility without a criminal history background check.

Findings #1: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.009.04 for letting a caregiver work unsupervised prior to performing a criminal history and background check. The facility was required to submit evidence of resolution within 30 days.

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 11/18/11. 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.

Shawna Warner, Administrator
November 28, 2011
Page 2 of #

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 black ink, appearing to read 'Matthew Hauser', with a long horizontal flourish extending to the right.

Matthew Hauser
Health Facility Surveyor
Residential Assisted Living Facility Program

FILE COPY

MH/mh

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