



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: 208-364-1962  
FAX: 208-364-1888

May 23, 2014

Doris Foruria, Administrator  
The Cottages of Emmett  
411 East 12th Street  
Emmett, Idaho 83617

Provider ID: RC-698

On March 3, 2014, a state licensure/follow-up survey and complaint investigation were conducted at The Cottages of Emmett. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.
- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

Your submitted plan of correction and evidence of resolution are being accepted by this office. Please ensure the corrections you identified are implemented for all residents and situations, and implement a monitoring system to make certain the deficient practices do not recur.

Thank you for your work to correct these deficiencies. Should you have questions, please contact Donna Henscheid, LSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 364-1962.

Sincerely,

DONNA HENSCHIED, LSW  
Team Leader  
Health Facility Surveyor

DH/sc

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



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**HEALTH & WELFARE**

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P.O. Box 83720  
Boise, Idaho 83720-0009  
PHONE: 208-364-1962  
FAX: 208-364-1888

May 5, 2014

**CERTIFIED MAIL #: 7007 3020 0001 4050 8388**

Doris Foruria, Administrator  
Cottage Investors LLC dba The Cottages of Emmett  
411 East 12th Street  
Emmett, Idaho 83617

Ms. Foruria:

On March 3, 2014 a state licensure/follow-up survey and complaint investigation were conducted at your facility. We have not yet received an acceptable response to the core issue deficiencies identified on the statement of deficiencies from the facility for that survey, which was due by **3/30/2014**. Enclosed is another copy of the Statement of Deficiencies identifying core issue deficiencies cited during the survey. Please submit your Plan of Correction to our office immediately

Additionally, the facility has only provided a partial response to the non-core issue deficiencies identified on the punch list. A complete response to all of the non-core issue citations was due to the Licensing and Survey agency on **4/2/2014**. Enclosed is another copy of the Punch List identifying non-core issue deficiencies cited during the survey. Please submit evidence of resolution to our office immediately.

If we do not receive your complete plan of correction for core issue deficiencies and a complete response to all non-core issue deficiencies by **May 14, 2014**, the Licensing and Survey Agency will impose enforcement action(s) as listed in IDAPA 16.03.22. Rules for Residential Care or Assisted Living Facilities in Idaho subsection 910.02;

1. A provisional license may be issued.
2. Admissions to the facility may be limited.
3. The facility may be required to hire a consultant who submits periodic reports to the Licensing and Survey agency.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 to speak with a member of the survey staff. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,

JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

JS/sc



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Boise, Idaho 83720-0009  
PHONE: 208-364-1962  
FAX: 208-364-1888

March 17, 2014

**CERTIFIED MAIL #: 7007 3020 0001 4050 8326**

Doris Foruria  
The Cottages of Emmett  
411 East 12th Street  
Emmett, Idaho 83617

Ms. Foruria:

Based on the state licensure survey and complaint investigation conducted by Department staff at The Cottages of Emmett between February 26, 2014 and March 3, 2014, it has been determined that the facility failed to protect residents from inadequate care.

This core issue deficiency substantially limits the capacity of The Cottages of Emmett to furnish services of an adequate level or quality to ensure that residents' health and safety are protected. The deficiency is described on the enclosed Statement of Deficiencies.

You have an opportunity to make corrections and thus avoid a potential enforcement action. Correction of this deficiency must be achieved by **April 17, 2014**. **We urge you to begin correction immediately.**

After you have studied the enclosed Statement of Deficiencies, please write a Plan of Correction by answering **each** of the following questions for **each** deficient practice:

- ♦ What corrective action(s) will be accomplished for those specific residents/personnel/areas found to have been affected by the deficient practice?
- ♦ How will you identify other residents/personnel/areas that may be affected by the same deficient practice and what corrective action(s) will be taken?
- ♦ What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?
- ♦ How will the corrective action(s) be monitored and how often will monitoring occur to ensure that the deficient practice will not recur (i.e., what quality assurance program will be put into place)?
- ♦ By what date will the corrective action(s) be completed?

Return the **signed** and **dated** Plan of Correction to us by **March 30, 2014**, and keep a copy for your records. Your license depends upon the corrections made and the evaluation of the Plan of Correction you develop.

Doris Foruria  
March 17, 2014  
Page 2 of 2

In accordance with IDAPA 16.03.22.003.02, you have available the opportunity to question cited deficiencies through an informal dispute resolution process. If you disagree with the survey report findings, you may make a written request to the Supervisor of the Residential Care Program for a Level 1 IDR meeting. The request for the meeting must be made within ten (10) business days of receipt of the Statement of Deficiencies. See the IDR policy and directions on our website at [www.assistedliving.dhw.idaho.gov](http://www.assistedliving.dhw.idaho.gov). If your request for informal dispute resolution is not received within the appropriate time-frame, your request will not be granted.

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. Your evidence of resolution (e.g., receipts, pictures, policy updates, etc.) for each of the non-core issue deficiencies is to be submitted to this office by **April 2, 2014**.

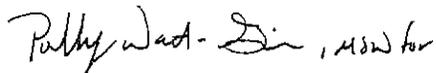
If, at the follow-up survey, the core deficiency still exists or a new core deficiency is identified, the Department will have no alternative but to initiate an enforcement action against the license held by The Cottages of Emmett.

Enforcement actions may include:

- imposition of civil monetary penalties;
- issuance of a provisional license;
- limitation on admission to the facility;
- requirement that the facility hire a consultant who submits periodic reports to Licensing and Certification.

Our staff is available to answer questions and to assist you in identifying appropriate corrections to avoid further enforcement actions. Should you have any questions, or if we may be of assistance, please contact us at (208) 364-1962 and ask for the Residential Assisted Living Facility program. Thank you for your continued participation in the Idaho Residential Care Assisted Living Facility program.

Sincerely,



JAMIE SIMPSON, MBA, QMRP  
Program Supervisor  
Residential Assisted Living Facility Program

DH/sc

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R696	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/03/2014
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NAME OF PROVIDER OR SUPPLIER  
**COTTAGE INVESTORS LLC DBA THE COTTAGE**

STREET ADDRESS, CITY, STATE, ZIP CODE  
**411 EAST 12TH STREET  
EMMETT, ID 83617**

(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
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R 000

**Initial Comments**

The following deficiency was cited during the licensure, follow-up survey and complaint investigation conducted between 02/26/14 and 3/3/14 at your residential care/assisted living facility. The surveyors conducting the survey were:

Donna Henscheld, LSW  
Team Coordinator  
Health Facility Surveyor

Polly Watt-Geier, MSW  
Health Facility Surveyor

Maureen McCann, RN  
Health Facility Surveyor

Survey Definitions:

1:1 = one to one  
& = and  
c/o = complaints of  
CV = cardiovascular  
CVA = Cerebrovascular Accident  
Edema = Accumulation of blood or tissue fluid pooling in legs and/or feet due to poor circulation  
MAR = Medication Assistance Record  
meq = milliequivalent  
meds = medications  
mg = milligrams  
PRN = as needed  
RN = Registered Nurse  
TLC = Tender, Loving Care

R 000

R 008

16.03.22.520 Protect Residents from Inadequate Care.

The administrator must assure that policies and

R 008

Bureau of Facility Standards

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

TITLE

(X6) DATE

PRINTED: 03/03/2014

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Bureau of Facility Standards

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NAME OF PROVIDER OR SUPPLIER: COTTAGE INVESTORS LLC DBA THE COTTAGE  
 STREET ADDRESS, CITY, STATE, ZIP CODE: 411 EAST 12TH STREET EMMETT, ID 83617

(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 008	<p>Continued From page 1</p> <p>procedures are implemented to assure that all residents are free from inadequate care.</p> <p>This Rule is not met as evidenced by:                      Based on observation, interview and record review, it was determined the facility admitted 1 of 7 sampled residents (#2) who required care above that which the facility was licensed to provide. The facility further failed to provide appropriate assistance and monitoring of medications for 2 of 7 sampled residents (#3 and #6). The facility also failed to ensure 2 of 2 sampled residents (#2 and #3) who received treatments, received their treatments as ordered. Additionally, the facility failed to protect 1 of 7 sampled residents (#1) right to be free from chemical restraints. The findings include:</p> <p><b>I. ACCEPTABLE ADMISSION</b></p> <p>According to IDAPA 16.03.22.152.05, Policies of Acceptable Admissions:</p> <p>"b. No resident will be admitted or retained who requires ongoing skilled nursing or care not within the legally licensed authority of the facility.</p> <p>i. Such residents include a resident who has a supra-public catheter inserted within the previous twenty-one (21) days."</p> <p>According to Resident #2's record, she was an 84 year-old female who was admitted to the facility on 5/3/13, with diagnoses including a history of urinary incontinence and urinary tract infections.</p> <p>A facility "Level of Care Assessment Form," dated 5/2/13, (one day prior to admission), documented Resident #2 had a history of "bladder problems &amp;</p>	R 008	<p><b>I. Acceptable Admission</b></p> <p>Resident #2 -Evidence of Plan of Correction:</p> <ul style="list-style-type: none"> <li>Administrator, facility nurse, attending a training review reviewing the Admission policy to reiterate the criteria for admission to the facility.</li> <li>Also see staff training sheet on this policy.</li> <li>Enclosed is the proof of the attendees, the content discussed and the time of the training.</li> <li>Further evidence another resident that had the same issue as resident #2 had (Supra-public catheter) inserted on April 1st following a surgery, did not re-admit until April 23, 2014.</li> </ul>	

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R 008	<p>Continued From page 2</p> <p>suprapubic catheter in recovery from surgery."</p> <p>A hospital "Operative Report," documented Resident #2 underwent surgery on 4/24/13, for placement of a suprapubic catheter.</p> <p>On 2/27/14 at 11:30 AM, the facility nurse confirmed the resident had been admitted to the facility within 21 days of having a suprapubic catheter placed.</p> <p>The facility admitted a resident who had a suprapubic catheter placed within 9 days of admission to the facility.</p> <p><b>II. ASSISTANCE &amp; MONITORING OF MEDICATIONS</b></p> <p>According to IDAPA 16.03.33.430 Requirements for...Basic Services. Each facility must provide to the resident:</p> <p>"05. Basic Services...g. Assistance with and monitoring of medications."</p> <p>According to IDAPA 16.03.22.300.02. Licensed Nurse.</p> <p>"The facility must assure that a licensed nurse is available to address changes in the resident's health or mental status and to review and implement new orders prescribed by the resident's health care provider."</p> <p>1. According to Resident #3's record, she was a 78 year-old female who was admitted to the facility on 7/18/13, with diagnoses including dementia and edema.</p> <p>A nursing assessment, dated 2/26/14,</p>	R 008	<p><b>II. Assistance with Monitoring of Medications.</b></p> <p>New Policy-Nurse Monitoring, Medication Error Policy</p> <p>Revised Policy- Medication Policy</p> <p>See enclosed training signature sheet for the policies listed above</p> <p>Resident #3 and #6-</p> <ul style="list-style-type: none"> <li>Medication Policy has been amended to so that only the staff that are delegated to read and input orders are given the authorization electronic MAR system.</li> <li>In addition Medication Error Policy has been established to monitor an employees capabilities to assist with medications, read the order as listed in the E-MAR, and retrain and discipline as necessary.</li> </ul>

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R 008	<p>Continued From page 3</p> <p>documented the Resident #3 was "unable to manage" her own medications.</p> <p>A physician's order, dated 10/8/13, documented Resident #3 was to receive 20 meq of Klor-Con (potassium) once a day. Additionally, the order documented she was to receive 40 mg of Lasix every day.</p> <p>According to medline at, <a href="http://www.nlm.nih.gov/medlineplus/ency/article/002413.htm">http://www.nlm.nih.gov/medlineplus/ency/article/002413.htm</a>, "Having too much or too little potassium in the body can have very serious consequences. A low blood level of potassium...can cause weak muscles, abnormal heart rhythms, and a slight rise in blood pressure." Situations such as taking diuretics (Lasix) can lower the body's potassium level.</p> <p>The November 2013 MAR documented Resident #3 did not receive the 20 meq of Klor-Con on the following days: 11/7, 11/11, 11/12, 11/13, and 11/15, a total of 5 days. However, it was documented given on 11/8, 11/9, 11/10 and 11/14. There was no documentation to clarify why the medication was available for only four of the nine days.</p> <p>A progress note, dated 11/7/13, documented a caregiver had called Resident #3's daughter to inform her the resident was out of Klor-Con.</p> <p>A physician's order, dated 2/4/14, documented to "increase" the 20 meq of Klor-Con to twice a day. It was noted by the facility nurse on 2/10/14.</p> <p>The February 2014 MAR, documented the Klor-Con was given once a day, instead of twice a day as ordered, from 2/4/14 through 2/26/14, for a total of 22 days.</p>	R 008	<ul style="list-style-type: none"> <li>Evidence of corrections to these residents are: #3; We have received a new order from Resident's physician lowering the dosage, which has been implemented in the E-MAR system. Resident #6- We have received a new order from Resident's physician changing the medication order to a PRN, which has been implemented in the E-MAR system.</li> </ul>

DIAPYED 02/12/2014  
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R-008	<p>Continued From page 4</p> <p>Resident #3 did not receive her potassium medication as ordered by her physician, which placed her at risk for depleted potassium levels.</p> <p>2. According to Resident #6's record, she was an 87 year-old female who was admitted to the facility on 3/4/12, with diagnoses including post CVA with contractures and debility.</p> <p>A nursing assessment, dated 11/13/13, documented Resident #6 had a history of pain, it further documented, hospice monitored her pain management.</p> <p>A physician's order, dated 2/3/14, documented Resident #6 was to receive Tramadol 50 mg once a day for pain. This order was signed off by the facility RN on 2/4/14.</p> <p>A physician's order clarification, dated 2/5/14, confirmed Resident #6 was to receive Tramadol 50 mg once a day for pain. This order was signed off by the facility RN on 2/10/14.</p> <p>Resident #6's February 2014 MAR documented the resident had not received any Tramadol for the entire month. The order written on the MAR matched the two orders (2/3/14 and 2/5/14). However, the MAR documented it was a PRN medication.</p> <p>Hospice Clinical Notes documented the following:</p> <p>*1/31/14 - "No concerns except they need a routine order for Tramadol."</p> <p>*2/4/14 - "Facility did need an order for the Tramadol (routinely)."</p>	R-008		

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NAME OF PROVIDER OR SUPPLIER  
COTTAGE INVESTORS LLC DBA THE COTTAGE

STREET ADDRESS, CITY, STATE, ZIP CODE  
411 EAST 12TH STREET  
EMMETT, ID 83617

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R 008	<p>Continued From page 5</p> <p>On 2/27/14 at 3:50 PM, a caregiver stated she was not aware the Tramadol was a routine order. The caregiver stated when entering the order, she hit PRN, because she thought that was what the resident was getting.</p> <p>On 2/27/14 at 3:58 PM, the facility RN stated a caregiver told him the Tramadol was a PRN medication prior to February 4th. The RN stated the caregivers contacted the hospice agency when they realized the facility did not have an order for the Tramadol. Further, the RN stated the caregiver put the order information into the computer as a PRN instead of as a routine medication.</p> <p>Resident #6 had a routine order for Tramadol, but did not receive the medication for 24 days. The facility did not monitor the resident's pain medication to ensure the resident received it as ordered.</p> <p><b>III. MONITORING OF TREATMENTS</b></p> <p>According to IDAPA 16.03.33.305. Licensed Professional Nurse Responsibilities: The licensed professional nurse must assess and document...</p> <p>"01. Resident Response to Medications and Therapies. Conduct a nursing assessment of each resident's response to medications and prescribed therapies."</p> <p>1. According to Resident #3's record, she was a 78 year-old female, who was admitted to the facility, on 7/18/13, with diagnoses including dementia and edema.</p> <p>A physician's order, dated 10/22/13, documented Resident #3 was to be fitted for compression</p>	R 008	<p><b>III. Monitoring of Treatments and Therapies:</b></p> <ul style="list-style-type: none"> <li>• Nurse Monitoring— Staff are to notify nurses for any reaction, response of a new or changed treatment or therapy, by phone and noting the instructions given in the progress notes. Nurse will either make recommendations to the staff or contact physician for further instructions.</li> <li>• See Nurse Monitoring Policy.</li> <li>• See proof of training on the Nurse Monitoring Policy.</li> </ul>	

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R 008	<p>Continued From page 6</p> <p>stockings. The order was noted by the facility nurse on 10/24/13. Tucked behind the order, was a note that documented the measurements for both of Resident #3's legs.</p> <p>On 2/26/14 through 2/28/14, Resident #3 was observed and was not observed wearing compression stockings.</p> <p>According to medline, at <a href="http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000597.htm">http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000597.htm</a>, compression stockings are worn "to improve blood flow" in the legs. "This helps prevent leg swelling (edema) and, to a lesser extent, blood clots."</p> <p>A nursing assessment, dated 2/26/14, documented Resident #3 had fragile skin on her legs due to edema. There was no documentation indicating if the nurse followed-up on the new order for compression stockings.</p> <p>Progress notes documented the following:</p> <p>*10/26/13 - The resident was "not feeling well...legs were hurting her."</p> <p>*11/12/13 - "She has cellulitis in her legs which causes her to have leg pain."</p> <p>*1/2/14 - Resident #3 had edema in her legs and her compression stockings were being ordered. "Will follow up on when they arrive and see if they help the edema." There was no further documentation found in the resident's record that the compression stockings were obtained or why they had not been obtained, when the order was initially received on 10/22/13.</p> <p>A fax to Resident #3's physician, dated 2/18/14.</p>	R.008	<ul style="list-style-type: none"> <li>Resident #3- Compression stockings were purchased by the facility on 3/19/2014 and the resident is currently wearing them, in addition the facility has purchased a Don &amp; Doffing device to ensure that the stocking are properly put on the resident to protect the residents' fragile skin.</li> <li>See receipt attached for the purchased stockings.</li> </ul> <p>Resident #2:</p> <p>During the survey the order for routine check of residents oxygen saturation level was received. The order further instruction to give oxygen to the resident if the saturation level was less than 90%, was implemented. The oxygen</p> <p>To further ensure this situation does not reoccur, the processing of physician orders will be validated by noting, with signature and date of the delegated employee the read and received the order as well as the delegated employee that enters the medication into the E-MAR system.</p> <p>See e-mar print out on correction for this resident.</p>	

Bureau of Facility Standards  
STATE FORM

6899

QECC11

If continuation sheet 7 of 21

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## Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R698	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/03/2014
NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617		
(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 008	<p>Continued From page 7</p> <p>documented the facility requested an order for a company to "come" to the facility to measure the resident's legs for "support hose." The physician signed and approved the request on 2/18/14.</p> <p>On 2/27/14 at 11:05 AM, the facility RN stated the facility had called a medical supply agency "several times" to come measure Resident #3's legs, but they wanted the resident to go to them. He stated the resident's daughter was "afraid to take her over the hill" to the appointment, because of an on-going family dispute.</p> <p>On 2/27/14 at 11:30 AM, a family member stated the administrator was going to order the compression stockings, but they had not been ordered. The family member stated Resident #3's legs had been weeping and were the "worst" after Thanksgiving. The family member further stated, she had measured the resident's legs herself on 2/26/14 and ordered the compression stockings herself.</p> <p>On 2/27/14 at 2:11 PM, a caregiver stated the facility had the order for compression stockings for "a very long time." She stated the measurements found in the record were taken by another caregiver about the same time the original order came in. The caregiver stated when she asked the administrator about the order, she was told the compression stockings had "already been taken care of."</p> <p>For over four months, the facility failed to obtain compression stockings for Resident #3. This placed the resident at risk for complications from aching and heavy feeling in the legs, edema and possible blood clots.</p> <p>2. According to her records, Resident #2 was an</p>	R 008		

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NAME OF PROVIDER OR SUPPLIER  
COTTAGE INVESTORS LLC DBA THE COTTAGE

STREET ADDRESS, CITY, STATE, ZIP CODE  
411 EAST 12TH STREET  
EMMETT, ID 83617

(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-008	<p>Continued From page 8</p> <p>84 year-old female admitted to the facility on 5/3/13, with diagnoses including chronic obstructive pulmonary disease and hypertension.</p> <p>On 2/27/14 at 11:10 AM, Resident #2 was observed in her room. The resident stated she did not feel well. The resident had a pulse oximeter on her bedside stand. The resident stated she used the pulse oximeter to check her oxygen saturation level. She stated her current oxygen level was 87%. The resident was not observed to be wearing oxygen at the time.</p> <p>A physician's order, dated 1/23/14, documented Resident #2 was to receive oxygen to keep her oxygen saturation equal to or above 90%. The order had been signed and dated by the facility nurse on 1/24/14.</p> <p>A "Nursing Assessment," signed and dated by the facility nurse, on 2/26/14, did not document anything regarding monitoring the resident's oxygen saturation level and "no data" was documented in the space where the oxygen saturation would be recorded.</p> <p>On 2/26/14 at 3:50 PM, the facility RN stated he could not find where caregivers had documented they were monitoring the resident's oxygen saturation levels.</p> <p>Between 2/26/14 and 2/28/14, two caregivers stated they were not aware of the order to check Resident #2's oxygen saturation levels. They further stated, this type of order would be documented on the MAR.</p> <p>January's and February's 2014 MARs were observed. Neither MAR documented the physician's order to check Resident #2's oxygen</p>	R-008		

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NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617	
(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)
R 008	<p>Continued From page 9</p> <p>levels.</p> <p>Resident #2's physician ordered oxygen to be given to the resident when the resident's oxygen saturation was below 90%. However, the facility did not implement the order for at least 35 days.</p> <p><b>V. RIGHT TO BE FREE OF CHEMICAL RESTRAINT</b></p> <p>According to IDAPA 16.03.22.550.10, each resident must have the right to be free from any physical or chemical restraints.</p> <p>According to IDAPA 16.03.22.16, a chemical restraint is defined as: A medication used to control behavior or to restrict freedom of movement and is not a standard treatment for the resident's condition.</p> <p>Between 10/1/13 and 3/3/14, Resident #1 was given the following routine behavior modifying medications, which had sedating side effects:</p> <ul style="list-style-type: none"> <li>* Ativan</li> <li>* Clonazepam</li> <li>* Depakote sprinkles</li> <li>* Risperdal</li> <li>* Trazodone</li> <li>* Zoloft</li> </ul> <p>Resident #1 was also given the following PRN behavior modifying medications which had sedating side effects:</p> <ul style="list-style-type: none"> <li>* Ativan/Haldol compound cream</li> <li>* Risperdal</li> <li>* Ativan</li> </ul> <p>According to the Nursing 2014 Drug Handbook:</p>	R 008	<p><b>V. Right to be Free of Chemical Restraints.</b></p> <p>Resident #1 - see Behavior Management Policy and Outside Services Agreement.</p> <ul style="list-style-type: none"> <li>• We have informed each hospice agency that we can no longer accept "E-kits or Comfort kits into the facility and have obtained signatures from each agency agreeing to our policy.</li> <li>• Staff have been re-trained on our Behavior Plan and instructed to use the interventions listed on the Behavior Plan before requesting additional instruction from the facility nurse or hospice agency. See attached proof of training.</li> <li>• Non-chemical interventions will be reviewed by the facility nurse within 72 hours of intervention, see Behavior Management Policy</li> </ul>

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NAME OF PROVIDER OR SUPPLIER: COTTAGE INVESTORS LLC DBA THE COTTAGE  
STREET ADDRESS, CITY, STATE, ZIP CODE: 411 EAST 12TH STREET EMMETT, ID 83617

(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 008	<p>Continued From page 10</p> <p>* Ativan is used to treat anxiety in elderly patients. Additionally, adverse reactions to Ativan include: drowsiness, sedation, insomnia, agitation, disorientation, depression and headaches.</p> <p>* Haldol is used to treat chronic psychosis. A "Black Box Warning" for elderly patients documented it was not an approved treatment of dementia related psychosis. Additionally, adverse reactions to Haldol include: Parkinson's like symptoms, inner restlessness, involuntary movements, tardive dyskinesia (grimacing, tongue movements lip smacking and excessive eye blinking), seizures, sedation, drowsiness, lethargy, headache, insomnia, confusion and vertigo.</p> <p>* Risperdal is used to treat Schizophrenia. There is a "Black Box Warning" for "fatal CV or infectious adverse events may occur in elderly patients with dementia, the drug is not safe or effective in these patients." Additionally, adverse reactions to Risperdal include: akathisia (inner restlessness), somnolence (drowsiness), dystonia (involuntary muscle contractions), headache, insomnia, agitation, anxiety and pain.</p> <p>1. According to her record, Resident #1 was an 87 year-old female who was admitted to the facility on 4/9/12, with diagnosis of dementia:</p> <p>A behavior management plan, dated 12/21/12, documented Resident #1 exhibited sundowning and would wander in the facility and into other residents' rooms. The plan also documented the resident would exit seek and would occasionally want to cook for everyone at the facility. The behavior plan did not include what interventions staff should use when Resident #1 exhibited</p>	R-008		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13R698	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/03/2014
NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617		
(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-008	<p>Continued From page 11 behaviors.</p> <p>A nursing assessment, dated 2/20/14, documented Resident #1 "attempts to walk and stand but has demonstrated that she is unstable." The nursing assessment also documented Resident #1 would become confused and combative when she experienced anxiety. Additionally, the nursing assessment documented the resident would become "anxious/worried," would refuse to eat and wandered in the facility, including into other residents' rooms. The nursing assessment documented when Resident #1 exhibited these behaviors, staff should provide 1:1 attention, pain medication, nap or assist with walking.</p> <p>A facility progress note, dated 9/19/13, documented "patient dementia has progressed - will start backing off on her psych (psych) [sic] meds."</p> <p>The facility progress notes, dated between 9/14 and 10/31/13, documented the resident was exit seeking, wandering into other residents' rooms, restless at night (in and out of bed) and was more confused in the evenings.</p> <p>A nursing note, dated 11/15/13, written by the former RN documented, Resident #1 wandered and required redirection at times. The note documented the resident was sundowning and "sometimes needs extra support and TLC to redirect. Suffers almost daily from c/o headaches. Physician is aware. These are usually relieved with meds and rest in her room which is usually darkened...."</p> <p>Resident #1 was being given PRN behavior modifying medications to control her behaviors</p>	R-008		

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NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617
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R-008	<p>Continued From page 12</p> <p>and restrict her movement, rather than attempting to use other behavior management interventions. As a result, Resident #1 experienced side effects from the medications. The following examples include, but are not limited to:</p> <p>* A hospice nursing note, dated 12/3/13, documented she had received a call from a caregiver stating the resident was "leaning more to the right." The note documented the hospice nurse visited the facility to assess the resident and found that she had "a shuffled gait with leaning...."</p> <p>* Facility progress notes, dated between 12/2 and 12/17/13, documented Resident #1 had become more unsteady and had fallen on 12/10 and twice on 12/17/13.</p> <p>* A facility progress note, dated 12/17/13 at 9:47 PM, documented the resident was "very irritated tonight." The note further documented, the resident had taken her evening pills and was in bed, but got up because she "wanted to find the children and milk the cows." The note documented, the staff member called hospice and was instructed to apply Ativan/Haldol cream onto the resident.</p> <p>* A facility progress note, dated 12/17/13 at 11:02 PM, documented a caregiver reported Resident #1 had been looking for the bathroom as she "forgot she has one in her room." The note documented the caregiver called hospice and was instructed to give Resident #1 Ativan.</p> <p>* A hospice plan of care update, dated 12/18/13, documented Resident #1 "has had some recent falls." The plan documented the resident's "gait" was more "unsteady" and she needed "constant</p>	R 008		

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NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617		
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R 008	Continued From page 13  cuing to ambulate." The plan further documented staff reported concerns about the resident falling and wanted her to "be safe as possible."  * Hospice nursing notes, dated between 12/17 and 12/21, documented the resident fell or was found on the floor on the following dates/times: - 12/17 at 8:35 PM - 12/17 at 11:03 PM - 12/18 (untimed) - 12/19 at 9:27 PM - 12/19 at 10:30 PM - 12/20 at 6:59 PM - 12/21 at 2:26 PM  * A hospice plan of care, dated 12/30/13, documented the resident "had some adverse reactions to having the Lorazepam on board" and also with the "increase in Trazodone."  * A hospice nursing note, dated 12/30/13 at 8:50 PM, documented the hospice nurse was contacted by a caregiver. The note documented the resident had gone to bed at 6:30 PM and "was back up" and "was looking for her sister." The note documented the hospice nurse directed the caregiver to "use Ativan/Haldol cream for anxiety." The January MAR, documented the resident was assisted with Ativan/Haldol cream at 8:54 PM on 12/30/13.  * A hospice nursing note, dated 1/3/14 at 9:43 PM, documented a caregiver reported the resident "just woke up and she wants to go downstairs and I just don't know what to do with her." The note documented the hospice nurse instructed the caregiver to assist with the Ativan/Haldol cream and PRN Risperdal. The January MAR, documented the resident was	R 008		

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NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAC		STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617		
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R.008	<p>Continued From page 14</p> <p>given Risperdal at 9:45 PM and Ativan/Haldol cream at 9:53 PM on 1/3/14.</p> <p>* A facility progress note, dated 1/6/14 at 1:57 AM, documented Resident #1's incontinence had increased "greatly" and she was "still very unsteady on her feet we are using her wheelchair at all times now along with her alarms both in her chair and in her bed."</p> <p>* A hospice nursing assessment, dated 1/6/14, documented that staff reported the resident was sleeping "better," but was still becoming agitated in the evenings. The assessment documented the hospice nurse, "Encouraged them to use the liquid ativan [sic] for this."</p> <p>* A hospice plan of care update, dated 1/13/14, documented Resident #1 was "sleeping more and doesn't get up til around 10AM. Pt. unable to walk without supervision or assistance, she has a very unsteady gait and leans forward."</p> <p>* A facility progress note, dated 1/15/14 at 10:51 PM, documented the resident exhibited the following behaviors: began pacing around 7:00 PM, went into another resident's room and got into their bed, didn't want to remove her sweater, pushed the call light on several occasions, wanted to get up, but did not want to sit in her chair, wanted to go into the kitchen. During the course of these events, the caregiver documented she called hospice and was advised to give PRN Ativan. The note documented, the caregiver put the Ativan in "some grape juice. She liked it" and put the resident "back in bed."</p> <p>* A behavior tracking tool, dated 1/21/14 documented the following behaviors and outcomes for Resident #1:</p>	R 008		

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NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617		
(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 008	<p>Continued From page 15</p> <p>At 11:15 AM, Resident #1 exhibited "anger" and "depression" behaviors and "would not talk or no movement." The caregiver documented she gave the PRN Ativan and the resident became "relaxed/was sociable."</p> <p>At 6:18 PM, Resident #1 exhibited an "anger" behavior and "would not talk to me, gave PRN" Ativan/Haldol cream.</p> <p>At 9:40 PM, Resident #1 exhibited an "anger" behavior as she would not stay in bed. The behavior tracking tool documented the caregiver gave PRN Ativan.</p> <p>* A hospice nursing note, dated 1/23/14 at 11:16 PM, documented a caregiver reported the resident "had been to bed three times and will not stay in bed. She is saying she needs to go downstairs and will walk out to other peoples [sic] rooms and create problems." The note documented the nurse advised the caregiver to give sublingual PRN Ativan. The January 2014 MAR, documented the resident received PRN Ativan at 11:48 PM on 1/23/14.</p> <p>* A facility progress note, dated 1/28/14 at 10:55 PM, documented the resident woke up around 10:00 PM and said she was going to church. The note further documented, hospice was called and caregiver was given permission to give Ativan cream and "if that didn't work" to give her Ativan. The note documented, "I gave her both."</p> <p>* A hospice nursing note, dated 1/31/14, documented a caregiver reported that when Resident #1 was "sitting at the dinner table" she was "leaning to the left" and seemed "to be a little anxious." The note documented the nurse</p>	R 008			

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NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617		
(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 008	<p>Continued From page 16</p> <p>directed the caregiver to give the resident her sublingual PRN Ativan and PRN Risperdal for "anxiety" and "to place her in the recliner with tag alarm in place on patient and watch her closely." The January 2014 MAR, documented the resident received PRN Risperdal at 6:20 PM and PRN Ativan at 6:22 PM on 1/31/14.</p> <p>* A facility progress note, dated 2/4/14 at 10:30 PM, documented the resident was up and down throughout the evening and night, would not leave her call light pinned on her, would not get dressed "completely" and came into the hall once. The note documented, the caregiver gave the resident PRN Ativan at 7:00 PM and at 8:30 PM, per hospice nurse.</p> <p>* A hospice nursing note, dated 2/5/14 at 12:42 AM, documented a caregiver reported the resident "is up and down, anxious. I was told to call you if this happens and you can tell me what to do." The note documented the caregiver was instructed to give one syringe of liquid Ativan.</p> <p>* A hospice nursing note, dated 2/6/14 (late entry), documented staff from the facility called and reported the resident "had slid out of her chair" and seemed agitated. The note documented the hospice RN advised the caregivers to give the liquid PRN Ativan. The February 2014 MAR, documented the resident received PRN Ativan at 8:30 PM on 2/6/14.</p> <p>* A hospice nursing note, dated 2/7/14 at 8:03 PM, documented a caregiver reported the resident received her scheduled Ativan at 6:00 PM and "she is asking for her purse and wants to leave," was there "anything else" they could give her to relax? This nurse approved ativan [sic] cream at this time and then give the liquid ativan</p>	R 008		

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R 008	<p>Continued From page 17</p> <p>[sic] at 8:30 PM." The February 2014 MAR, documented the resident received Ativan/Haldol compound/cream at 8:15 PM and PRN Ativan at 9:04 PM on 2/7/14.</p> <p>* A hospice nursing note, dated 2/10/14 at 5:05 PM, documented a caregiver reported the resident was "just going crazy, wanting to know where her purse is at and to go home to make her kids dinner." The note documented the caregiver had given PRN Ativan and the Ativan/Haldol cream at 4:50 pm. The note documented, the hospice nurse advised the caregiver to give a PRN Ativan from her "crisis care kit" and she would call back within 30-45 minutes. The note documented the nurse called back and the caregiver reported the resident was "doing much better now." The note also documented the nurse instructed the caregiver that if "anxiety returns" to give another dose of liquid Ativan. The February 2014 MAR, documented the resident received Ativan/Haldol compound/cream PRN at 4:52 PM, scheduled Ativan at 5:00 PM and PRN Ativan at 5:20 PM on 2/10/14.</p> <p>* A facility progress note, dated 2/12/14 at 10:37 PM, documented the resident "would not stay sitting [sic] in wheel chair." The note documented the caregiver gave the resident a PRN Ativan at 5:44 PM and another PRN Ativan at 7:15 PM, as well as her scheduled bedtime meds at 9:45 PM, as she had gone "to sleep early tonight."</p> <p>* A hospice nursing note, dated 2/13/14 at 8:43 PM, documented a caregiver reported that Resident #1 "had her ativan [sic] in her coffee tonight and she wouldn't drink it." The note documented, the resident had been in her room "trying to put pants on for bed." The note further</p>	R 008	

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NAME OF PROVIDER OR SUPPLIER  COTTAGE INVESTORS LLC DBA THE COTTAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 411 EAST 12TH STREET EMMETT, ID 83617		
(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 008	<p>Continued From page 18</p> <p>documented, the resident then tried putting on "two shirts on top of each other" and was "just acting anxious." The note documented the hospice nurse advised the caregiver to give a PRN Ativan:</p> <p>* A facility progress note, dated 2/13/14 at 10:49 PM, documented the resident fell asleep at dinner and was put to bed. The note documented, the resident woke up around 9:00 PM and "would not stay sitting down" and "sat with her til [sic] 10:30, when I put her to bed." The note documented the caregiver had called hospice and requested to administer PRN Ativan and it was authorized.</p> <p>* February 2014 facility progress notes, incident reports and hospice nursing notes, documented the resident fell on the following dates/times:                  - 2/12 at 8:30 PM                  - 2/15 at 6:50 PM                  - 2/16 (unknown time)</p> <p>* A facility progress note, dated 2/15/14 at 3:31 PM, documented the resident did not have much of an appetite and had been sleeping "most of the day." The note also documented the resident was "leaning really bad on her right side."</p> <p>* A hospice nursing note, dated 2/18/14, documented the staff was concerned Resident #1 was oversedated.</p> <p>* A hospice nursing note, dated 2/19/14, documented the resident had "been sleeping all day" and had not taken her medications.</p> <p>* A hospice nursing note, dated 2/20/14, documented the resident was observed sitting at the dining room table with her head down and her color was "slightly grey today." The note</p>	R 008		



Facility Cottages of Emmett, The	License # RC-698	Physical Address 411 E 12th St	Phone Number (208) 365-9490
Administrator Doris Foruria	City Emmett	ZIP Code 83617	Survey Date March 3, 2014
Survey Team Leader Dorina Henscheid	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE: April 2, 2014	
Administrator Signature <i>Doris Foruria</i>	Date Signed 4-7-14		

**NON-CORE ISSUES**

Item #	IDAPA Rule #	Description	Department Use Only	
			EOR Accepted	Initials
1	009.01	One caregiver did not have a completed criminal history and background check	3/3/14	<i>LC 4/24/14 DN</i>
2	009.06.c	Two of four caregivers did not have the required state police background check.	3/3/14	<i>LC 5/9/14 DN</i>
3	155.06	The facility retained adult day care residents for more than 14 consecutive hours.	3/28/14	<i>LC 5/9/14 DN</i>
4	215.02	The administrator was not on-site sufficiently to ensure residents received adequate care.	3-3-14	<i>LC 5/9/14 DN</i>
5	225.01	The facility did not evaluate Resident #1 and #7's behaviors.	3/28/14	<i>LC 5/9/14 DN</i>
6	225.02	The facility did not develop interventions for each of Resident #1's behaviors.	3/28/14	<i>LC 5/9/14 DN</i>
7	260.04.a	Chemicals were not kept secured in both buildings.	3/28/14	<i>LC 4/23/14 DN</i>
8	260.06	A stove and a dishwasher in Building #1 required repair.	3/14/14	<i>LC 5/8/14 DN</i>
9	300.01	The facility RN did not delegate medication assistance to one caregiver. Further, the facility RN delegated medication assistance to three caregivers who had not provided evidence they had completed a medication assistance course.	COS 3/3/14	<i>DN</i>
10	310.01.a	Refrigerated medications were unsecured throughout the survey in Building #2.	3/28/14	<i>LC 5/9/14 DN</i>
11	310.01.d	Unlicensed caregivers dialed Resident #7's insulin pen.	3/7/14	<i>LC 5/8/14 DN</i>
12	310.03	The facility did not track all controlled substances. For example: hospice comfort kits.	3/3/14	<i>LC</i>
13	320.01	NSAs for 7 of 7 residents did not clearly identify the residents' care needs, services to be provided or the frequency of those services.	4/2/14	<i>LC 5/8/14 DN</i>
14	320.03	NSAs were not signed and dated by all parties.	4/2/14	<i>LC 5/8/14 DN</i>
15	350.02	The facility administrator did not complete an investigation for all incident and accidents within 30 days.	3/3/14	<i>LC 5/8/14 DN</i>
16	451.01.d	Substitutions to the menu, made in each building, were not documented.	3/3/14	<i>LC 5/8/14 DN</i>
17	625.01	1 of 7 staff members did not have evidence of 16 hours of orientation to include infection control.	3/3/14	<i>LC 4/23/14 DN</i>
18	630.01	4 of 7 staff members did not have evidence of dementia training.	3/3/14	<i>LC 4/23/14 DN</i>
19	630.02	5 of 7 staff members did not have evidence of mental illness training.	3/3/14	<i>LC 5/8/14 DN</i>







Facility Cottages of Emmett, The	License RC-89B	Physical Address 411 E 12th St	Phone Number (208) 365-8490
Administrator Doris Foruria	City Emmett	ZIP Code 83617	Survey Date March 3, 2014
Survey Team Leader Donna Henschel	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DATE April 2, 2014	
Administrator Signature	Date Signed		

**NON-CORE ISSUES**

Item #	ISAC Rule	Description	Accepted	Initials
1	009.01	One caregiver did not have a completed criminal history and background check		4/25/14
2	009.06.c	Two of four caregivers did not have the required state police background check.		4/25/14
3	155.08	The facility retained adult day care residents for more than 14 consecutive hours.		
4	215.02	The administrator was not on-site sufficiently to ensure residents received adequate care.		
5	225.01	The facility did not evaluate Resident #1 and #7's behaviors.		
6	225.02	The facility did not develop interventions for each of Resident #1's behaviors.		
7	260.04.a	Chemicals were not kept secured in both buildings.		
8	280.06	A stove and a dishwasher in Building #1 required repair.		
9	300.01	The facility RN did not delegate medication assistance to one caregiver. Further, the facility RN delegated medication assistance to three caregivers who had not provided evidence they had completed a medication assistance course.	005	4/25/14
10	310.01.a	Refrigerated medications were unsecured throughout the survey in Building #2.		
11	310.01.d	Unlicensed caregivers dialed Resident #7's insulin pen.		
12	310.03	The facility did not track all controlled substances. For example, hospice comfort kit.		
13	320.01	NSAs for 7 of 7 residents did not clearly identify the residents' care needs, services to be provided or the frequency of those services.		
14	320.03	NSAs were not signed and dated by all parties.		
15	350.02	The facility administrator did not complete an investigation for all incident and accidents within 30 days.		
16	451.01.d	Substitutions to the menu, made in each building, were not documented.		
17	625.01	4 of 7 staff members did not have evidence of 16 hours of orientation to include infection control.		
18	630.01	4 of 7 staff members did not have evidence of dementia training.		
19	630.02	5 of 7 staff members did not have evidence of mental illness training.		

*Doris Foruria*

Mar 13 2014 1:51 PM

NO. 0307 F. 3



Mar 13 2014 1:57 PM

Facility Cottages of Emmett, The	License # RC-698	Physical Address 411 E 12th St	Phone Number (208) 365-9490
Administrator Doris Foruria	City Emmett	ZIP Code 83817	Survey Date March 3, 2014
Survey Team Leader Donna Henscheid	Survey Type Licensure, Follow-up and Complaint Investigation	RESPONSE DUE April 2, 2014	
Administrator's Signature	Date Signed		

NON-CORE ISSUES				
Item #	IDAPA Title #	Description	Department Use BOR Accepted	Initials
20	630.04	5 of 7 staff members did not have evidence of traumatic brain injury training.		
21	645	3 of 7 staff members who assisted with medications, did not have evidence they had completed an assistance with medication course.		
22	711.08.e	Staff did not document when they notified the facility nurse of residents' changes of condition.		
23				
24				
25		X <i>Donna Foruria</i>		
26				
27				
28				
29				
30				

NO. 0587 F. 2



Mar 11 2014 10:27AM

Call by:	License #:	Physical Address:	Phone Number:
Cottages of Emmett, The	RC-698	411 E 12th St	(208) 365-9490
Administrator:	City:	ZIP Code:	Survey Date:
Doris Fouria	Emmett	83617	March 3, 2014
Survey Team Leader:	Survey Type:	RESPONSE DUE:	
Donna Henschel, LSW	Licensure, Follow-up and Complaint Investigation	April 2, 2014	
Administrator Signature:	Date signed:		

NON-CORE ISSUES				
Item #	IDAPA Rule #	Description	Disputed	Accepted
23	305.03	The facility nurse did not conduct a nursing assessment of residents when they experienced a change in condition. Such as when: A) Resident #2 complained of chest pain. B) Resident #6's body was drooping to the right and speech was slurred, or when she experienced a episode of drooling while unresponsive to staff. C) Resident #4 complained of a great deal of pain in her lower extremities. D) Resident #1 experienced a rapid decline in ambulation from a shuffling gait, to increased falls, to being unable to walk unassisted.		
24	305.07	The facility nurse did not conduct a review of Resident #1's multiple behavior modifying medication changes for side effects or interactions.		
		<i>Donna Fouria 3-11-14</i>		
		<i>Donna Fouria 3-11-14</i>		



# 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 \_\_\_\_\_

Establishment Name <u>Cottages of Emmett</u>		Operator <u>Doris Farveria</u>	
Address <u>411 E 12th St</u>		City/State/Zip <u>Emmett ID 83617</u>	
County <u>Ben</u>	Estab #	EHS/SUR.#	Inspection time: <u>2/26-2/27</u> Travel time:
Inspection Type:	Risk Category: <u>high</u>	Follow-Up Report: OR	On-Site Follow-Up: Date: _____

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

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

	Potentially Hazardous Food Time/Temperature	COS	R
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A	15. Proper cooking, time and temperature (3-401)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A	16. Reheating for hot holding (3-403)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A	17. Cooling (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A	18. Hot holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A	19. Cold Holding (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A	20. Date marking and disposition (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A	21. Time as a public health control (procedures/records) (3-501)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Consumer Advisory</b>		
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	22. Consumer advisory for raw or undercooked food (3-603)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Highly Susceptible Populations</b>		
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/O <input type="radio"/> N/A	23. Pasteurized foods used, avoidance of prohibited foods (3-801)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Chemical</b>		
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	24. Additives / approved, unapproved (3-207)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="radio"/> Y <input type="radio"/> N	25. Toxic substances properly identified, stored, used (7-101 through 7-301)	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Conformance with Approved Procedures</b>		
<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> 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
Bldg #1 / Lady #1 / Ground	41.8°	Bldg #1 / bean beans	160°F	Bldg 2 - Whipped butter	41°	Bldg 2 - Sour Cream	41°
Bldg #1 / Lady #2 / Milk	41.0°			Bldg 2 - Salad dressing	39.7		

### 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 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>Maureen McLean</u>	(Print) <u>Maureen McLean</u>	Title <u>Owner</u>	Date <u>2/28/14</u>	Follow-up: (Circle One) Yes <input type="radio"/> No <input checked="" type="radio"/>
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Residential Assisted Living Facility Program, Medicaid L & C  
3232 W. Elder Street, Boise, Idaho 83705  
208-334-6626

Page 2 of 2  
Date 2/27/14

Establishment Name <i>Cottages of Emmett</i>		Operator <i>Deis Forric</i>
Address <i>411 E 12th St</i>		<i>EMMETT, ID 83617</i>
County Estab #	EHS/SUR.#	License Permit #

OBSERVATIONS AND CORRECTIVE ACTIONS (Continuation Sheet)

12. The spray bottles containing sanitizing solutions were not testing within appropriate range of quat.

COS: Caregivers re-measured and re-mixed solutions with the appropriate amount of quat.

22. Building 1 did not have a consumer advisory posted for undercooked eggs which the facility served.

COS: Facility received a consumer advisory to post in lock building.

Person in Charge <i>[Signature]</i>	Date	Inspector <i>[Signature]</i>	Date <i>2/28/14</i>
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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: 208-364-1962  
FAX: 208-364-1888

March 17, 2014

Doris Foruria, Administrator  
The Cottages of Emmett  
411 East 12th Street  
Emmett, Idaho 83617

Ms. Foruria:

An unannounced, on-site complaint investigation survey was conducted at The Cottages of Emmett between February 26, 2014 and March 3, 2014. During that time, observations, interviews or record reviews were conducted with the following results:

**Complaint # ID00006302**

Allegation #1: The facility violated residents' rights to visitation.

Findings: On 2/26/14, the identified resident's record was reviewed. The resident had a diagnosis of "advanced dementia." On 9/16/13, a court appointed a guardian for the resident. The record also contained a court order, dated 12/27/13, which documented visitation was open to all family members, but there were time limits placed on the visitations "in the best interest" of the resident.

On 2/27/14, the resident was interviewed regarding past events. However, the resident was unable to recall she had been on a van ride the day before. Therefore, it was not possible to question the resident about any visitation restrictions. Further, it was not possible to ascertain whether the resident ever felt she had been denied visitation rights.

Unsubstantiated. This does not mean the incident did not take place; it only means that the allegation could not be proven.

Allegation #2: The facility did not offer residents an activity program which met the state rules.

Findings: Between 2/26/14 and 2/28/14, the facility's activity director was observed taking the residents on bus rides, coordinating a local band to play music for the residents on-site and engaging the residents in a variety of other activities. Further, staff were also observed engaging residents in other activities besides the activities offered by the activity director.

Between 2/26/14 and 2/28/14, four residents stated the facility offered a variety of activities.

Doris Foruria, Administrator  
March 17, 2014  
Page 2 of 2

An activity calendar was observed displayed on a common area wall in the facility for residents and family members to review.

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

Allegation #3: The facility nurse did not assess residents when they experienced a change in condition.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.520 for inadequate care when residents were not assessed by the facility nurse after they experienced a change in condition. The facility was required to submit a plan of correction within 10 days.

Allegation #4: The facility did not follow the planned menu.

Findings: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.451.01.d, for not documenting substitutions to the planned menu. The facility was required to submit evidence of resolution within 30 days.

Allegation #5: The facility did not ensure residents' medications were given as ordered.

Findings: Substantiated. The facility was issued a core deficiency at IDAPA 16.03.22.520 for inadequate care for not providing appropriate assistance and monitoring of medications for residents. The facility was required to submit a plan of correction with 10 days.

Allegation #6: The facility did not protect residents' rights to confidentiality when speaking about residents' medical conditions in common areas.

Findings: Between 2/26/14 and 2/28/14, staff were not observed speaking about residents' medical conditions in common areas.

Between 2/26/14 and 2/28/14, four residents and five family members stated they did not have any concerns regarding the staff or the care and services their loved ones received at the facility.

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

If you have questions or concerns regarding our visit, please call us at (208) 364-1962. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



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

DH/sc